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ABSTRACT

While current early education and care funding still reaches only a fraction of preschool children, some states now have considerable experience in coordinating subsidized child care, Head Start, and state prekindergarten initiatives to enhance early education and learning opportunities for young children. Drawing on the experiences of Georgia, Massachusetts, and Ohio, this paper describes the challenges states face in addressing the goals of enhancing school readiness and providing work supports for families, the states' responses to those challenges, and recommendations for the future. The paper identifies five overarching challenges for states: (1) developing comprehensive vision; (2) expanding fiscal resources; (3) addressing regulatory differences among programs and funding streams; (4) implementing early education initiatives across different structures and constituencies; and (5) tracking progress and measuring results. State responses for each challenge are also discussed. The paper asserts that although the approaches to collaboration are encouraging, there is more that every state could be doing and there is an important federal role that is not currently being fulfilled. Recommendations are then presented for states and localities, including the establishment of an Early Care and Education Council and the development of a multi-year strategic plan. The recommended federal role includes providing incentive funds to states to promote universal access to early care and education services, and establishing an Early Childhood Coordinating Initiative involving the U.S. Departments of Health and Human Services and Education. The paper's three appendices describe Georgia's universal prekindergarten access initiative,

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Massachusetts' community partnership model, and Ohio's Head Start-targeted expansion initiatives. (Contains 56 endnotes.) (KB)

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Full Report

State Initiatives to Promote Early Learning: Next Steps in Coordinating Subsidized Child Care, Head Start, and State Prekindergarten

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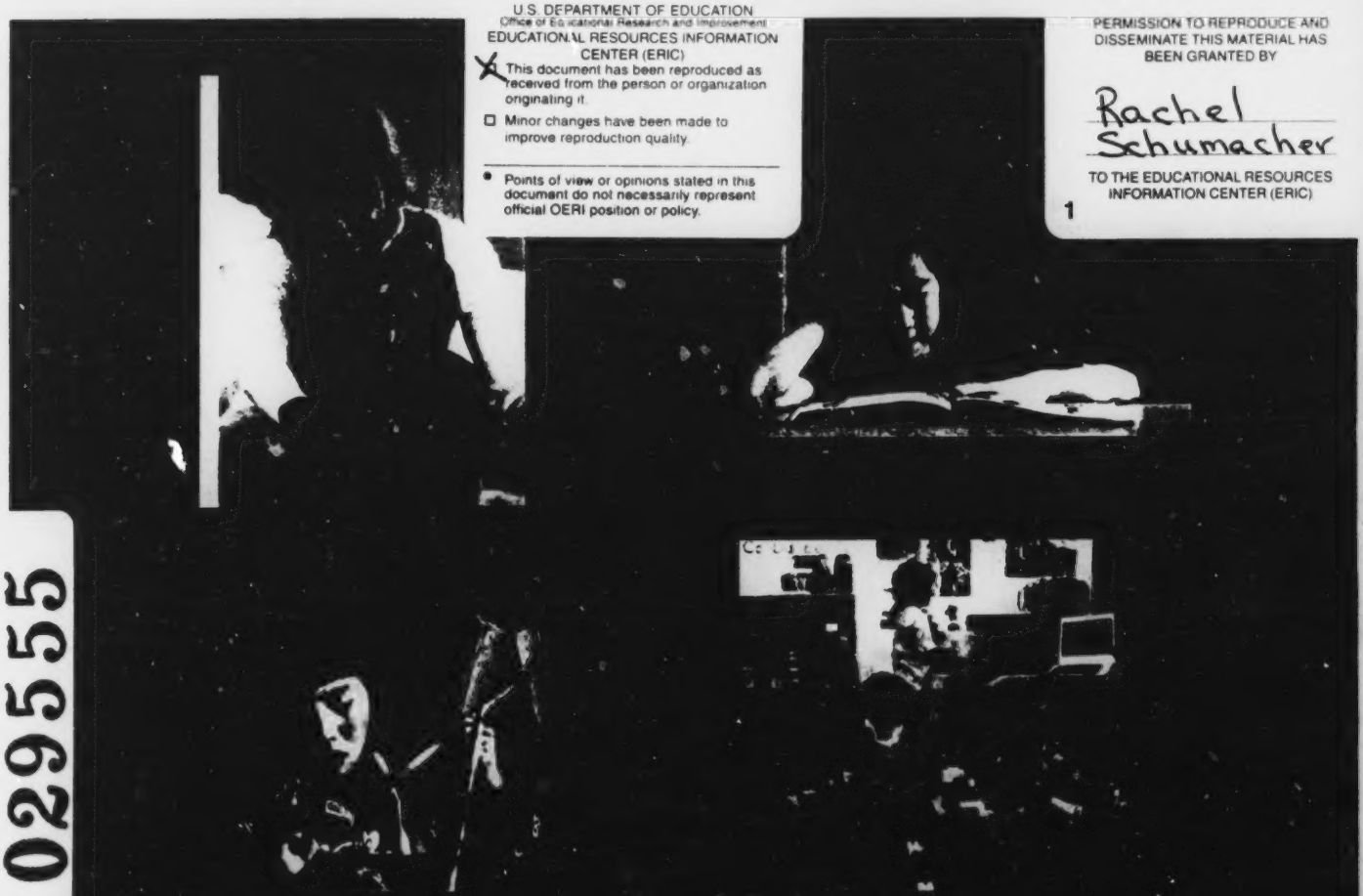

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By Rachel Schumacher, Mark Greenberg, and Joan Lombardi

April 2001

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Center for Law and Social Policy
CLASP

April 2001

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Executive Summary

Historically, the United States has been known both for its limited support of publicly funded child care and early education services and lack of coordination among existing services. Recently, there have been substantial expansions in funding for subsidized child care, the Head Start program, and in some states, for prekindergarten initiatives. The expanded funding has been driven by concerns about two broadly shared social goals: the need to address school readiness for all children and the need to provide work supports for families in light of increasing labor force participation by mothers of young children. While current funding still reaches only a fraction of preschool children, some states now have considerable experience in coordinating subsidized child care, Head Start, and state prekindergarten initiatives to enhance early education and learning opportunities for young children. Drawing on the experiences of three states, this paper describes the challenges states face in addressing these important social goals, responses to those challenges, and recommendations for the future.

Background: Three State Initiatives

We focused on three states with significant experience in developing a major early education initiative: Georgia, Massachusetts, and Ohio. We examined the states' efforts through the lens of these initiatives. In Georgia, lottery money has been used to fund a universal prekindergarten program – drawing on and working with child care centers, Head Start, and the public schools – for the great majority of four-year-old children. In Massachusetts, the state's Community Partnerships for Children initiative has provided funding to localities to coordinate planning and expand the supply and quality of early education settings for working parents. In Ohio, the state has committed significant state resources to a state Head Start program and to promote Head Start-Child Care partnerships. Though each state has taken a very different approach, there are common themes that emerge from their experiences.

State Initiatives to Promote Early Learning: Challenges & Responses

In planning early education initiatives, states and localities do not begin with a blank slate. Many children are already participating in early care and education arrangements paid for by parents and multiple federal and state funding streams. Much of the current challenge for states and localities involves questions about how to coordinate, modify, and build on the strengths of these existing systems in an effort to create a more comprehensive structure of early care and education. We found five overarching challenges and saw state responses to each:

Developing Comprehensive Vision: Underlying many of the other issues states and localities face is the need for policymakers to develop a comprehensive vision encompassing the goals of school readiness for children and support of working parents. The need for such a vision is particularly important because historically, the goals of school readiness and work support have often been articulated separately, resulting in programs or funding streams with a principal emphasis on one or the other.

State Responses:

- Engaging in an evolutionary process of re-envisioning how services fit together
- Executives and legislators playing leadership roles in prioritizing early care and education
- Broadening and maintaining support for an early education vision through continual efforts and vigilance

Expanding Fiscal Resources: The current level of federal and state funding is not adequate to make services affordable to the number of children who would potentially benefit from participating in early care and education services, nor could it provide the quality of services necessary to meet school readiness goals.

State Responses:

- Committing additional federal and state dollars
- Redirecting Temporary Assistance for Needy Families (TANF) block grant funds to child care and early education purposes

Addressing Regulatory Differences Among Programs and Funding Streams: Among the major sources of federal dollars for early care and education (the Head Start program, the Child Care and Development Fund (CCDF), and the TANF block grant) there are different rules regarding which children are eligible for services, how funds are distributed, and what standards govern provision of early learning services.

State Responses:

- Allocating and managing funds creatively across programs
- Using the flexibility of CCDF rules to increase ease of blending subsidy dollars with Head Start and state prekindergarten program rules
- Using prospective grant funding to encourage and require the development of stable, quality programs
- Paying rates more reflective of the cost of quality care to providers participating in the early education initiative
- Requiring a set of quality program standards of all participating programs as a condition of funding
- Encouraging advanced staffing qualifications across all participating programs

Implementing Early Education Initiatives across Different Structures and Constituencies: The implementation of any cross-cutting early education initiative must address diverse expectations and outcomes among various groups. These groups include parents, policymakers, program administrators, and others. At the same time, the structures that house the various early education programs are in separate and non-parallel government entities. There is also a need to increase these different groups' and entities' understanding of other program and service delivery types.

State Responses:

- Improving communication with parents and the public regarding early childhood education and new initiatives (e.g. using marketing strategies or public will campaigns)
- Increasing the number and diversity of the state's constituency for early education issues
- Trying new formal and informal interagency structures to increase coordinated planning
- Appropriating new dollars that may only be accessed by those programs willing to work in partnerships or across systems
- Dedicating staff or resources to provide programs with technical assistance, which effectively doubles as a means to monitor implementation
- Allowing new local flexibility in use of funds to increase coordination

Tracking Progress and Measuring Results: With growing amounts of federal and state dollars targeted for early education purposes, policymakers and the public are likely to demand a better picture of how funds are being spent and what child outcomes may be changing as a result of program participation. Current data systems are not adequate to provide a picture across early care and education systems and initiatives. Substantive evaluations of program implementation and subsequent child outcomes are only beginning to emerge and rarely cut across program types in the early care and education system.

State Responses:

- Increasing cross-cutting analysis capacity and upgrading data systems
- Analyzing available data and publishing reports to better describe the state of early care and education across program types and funding streams
- Basing new initiatives on available data and requiring baseline community needs assessments
- Building in process or outcomes studies specific to the focus of the early education initiative
- Expressly measuring child outcomes across child care, Head Start, and state prekindergarten classrooms

Recommendations

While we find encouraging and promising approaches to collaboration among subsidized child care, Head Start, and state prekindergarten in each of our study states, we believe that there is more that every state could do, and that there is an important federal role that is not currently being fulfilled. Currently, states must commit extensive time, planning, and resources in order to increase coordination of services to better promote early learning and support parents' work needs. Yet, this goal is increasingly on state political agendas. Accordingly, we have identified a set of recommendations for states and localities and for a potential federal role in supporting and promoting the development of comprehensive state initiatives.

- Every state should establish an Early Care and Education Council.
- The Council should conduct an Early Childhood Review, assessing all needs and resources for early childhood education in the state.
- Based on the Early Childhood Review, each state should develop a multi-year State Strategic Plan.
- The federal government should provide incentive funds to states to promote universal access to early care and education services in accordance with approved State Strategic Plans.
- Head Start expansion should encourage collaboration, full-day and full-year services, and flexibility to serve children under age three.
- At the federal level, an Early Childhood Coordinating Initiative should be established and should include the U.S. Department of Health and Human Services (Head Start Bureau and the Child Care Bureau), and the U.S. Department of Education.
- The Early Childhood Coordinating Initiative should encourage cross-program coordination and collaboration among Head Start, child care, and Department of Education-funded programs in key areas, such as: workforce development, coordinated data and research, and identification of inconsistencies among federal funding stream rules.

The approach we propose in these recommendations recognizes and builds upon the accomplishments of recent years, the efforts already underway in states, and the simultaneous need for national goals and state flexibility. We believe these steps are needed to support an overall vision of an early care and education system responsive to both the education of young children and work support goals for all families.

Introduction

Historically, the United States has been known both for its limited support of publicly funded child care and early education services and lack of coordination among existing services. Recently, there have been substantial expansions in funding for subsidized child care, for the Head Start program, and in some states, for prekindergarten initiatives. The expanded funding has been driven by public concerns about two broadly shared social goals: the need to address school readiness for all children and the need to provide work supports for families in light of increasing labor force participation by mothers of young children.

While the expanded funding still only reaches a fraction of preschool children, the simultaneous growth of child care, Head Start, and prekindergarten programs has generated increased interest among federal, state and local policymakers in questions about how these programs and initiatives intersect and interact. And, policymakers are increasingly asking what can be done to foster the development of a more comprehensive structure of early care and education services for all children, responsive to the dual goals of school readiness and work support. The recent release of *From Neurons to Neighborhoods: The Science of Early Childhood Development*, by the National Academy of Sciences has added support to the concerns about how best to foster healthy child development, concluding that "based on the evidence gleaned from a rich and rapidly growing knowledge base, we feel an urgent need to call for a new national dialogue focused on rethinking the meaning of both shared responsibility for children and strategic investment in their future."[1]

Many of the key questions about how to design and implement a more comprehensive system are now being explored by individual states and in individual localities. In recent years, the federal government has expanded funding for Head Start and child care subsidy programs, and has provided technical support and encouragement for partnerships and coordination. However, the critical questions about how to foster the coordination of distinct components into a comprehensive system have largely been left to states and localities.

In seeking to address these issues, every state faces a set of common challenges: the need to develop a comprehensive vision of a structure that melds the needs for school readiness and work supports into a system of responsive and high-quality early education services; the need to expand resources; the need to address the different rules and requirements of each program or funding stream; the need to engage and bring together diverse constituencies; and the need to develop a means of measuring outcomes and performance.

While no state has yet implemented a comprehensive universal structure of early care and education, there can be important lessons from the experiences of states that have undertaken significant initiatives. Toward seeking to identify those lessons, we have examined the experiences of three states that have experience in developing a major early education initiative: Georgia, Massachusetts, and Ohio. Each of these states has taken a distinctive approach to its efforts to promote early learning. We examined the states' efforts through the lens of these initiatives. In Georgia, lottery money has been used to fund a prekindergarten program – drawing on and working with child care centers, Head Start, and the public schools – for the great majority of four-year-old children. In Massachusetts, a state program of Community Partnerships has provided funding to localities to coordinate planning and expand the supply and quality of early education settings for working parents. In Ohio, the state has committed resources to a state Head Start program and to promote Head Start-Child Care partnerships. Though each state has taken a very different approach, there are common themes that emerge from their experiences.

In selecting our three states, our goal was not to identify the three "best" states (as there would be much dispute in any discussion about how to make such judgments) but rather to identify three states that had significant experience in addressing these issues and who had taken distinctive approaches in their efforts to do so. Our goal was not to "evaluate" the states, but rather to listen and learn from their experiences concerning the issues they had faced, the ways in which they addressed those issues, and what those experiences might tell us about state accomplishments, lessons, and unresolved issues.

While we find encouraging and promising approaches to collaboration among system segments in each of our study states, we have concluded that there is more that every state could do, and that there is an important federal role that is not currently being fulfilled. Currently, states face a difficult task when they seek to increase coordination of services so that young children are in appropriate early learning environments when their parents work. Yet, this goal is increasingly on state political agendas. Accordingly, we have identified a set of recommendations for states and localities and for a potential federal role in supporting and promoting the development of comprehensive state initiatives. While we greatly appreciate the time, attention, and guidance from many people within and outside of our study states, we are solely responsible for our recommendations.

This paper:

- provides an overview of the early learning initiatives begun in Georgia, Massachusetts, and Ohio;
- describes a set of common challenges faced by the states in their efforts to develop a system of early care and education;
- highlights ways in which each of three states are addressing, or seeking to address, those challenges;
- offers recommendations for states, localities and the federal government.

In addition, the appendices of this paper provide more detailed descriptions of the early education policies of the three study states. All state data are verified as of December 2000. Separately published pieces provide overviews of the Child Care and Development Fund and the Head Start program.

I. Background: Three State Initiatives

As indicated, each of our three study states has undertaken a major expansion and investment in providing early education opportunities to young children, while each has taken a distinctive approach to this goal. The following brief background provides a sense of how distinctive each state's approach is, based on differences among the states in such factors as state politics, availability of resources, programs goals, and pre-existing strengths and weaknesses of the state's early care and education providers.

Table One. Background on Study State Initiatives

	Georgia	Massachusetts	Ohio
Focus Initiative	Georgia Pre-K	Community Partnerships for Children	State-funded Head Start and Head Start/Child Care Partnerships
Basic Description	Universal, voluntary, free prekindergarten program for four-year-old children; delivered in child care, public school and Head Start classrooms	Grants to local councils to increase access to high quality early childhood programs for three- and four- year old children in lower income working families	Expansion of access to Head Start services for eligible three-, four- and five-year-old children; emphasis on partnerships with child care providers
Children Served Directly (approx.)	62,500 2000 School Year	20,780 State FY 2000	22,072 State FY 1999
Level of State Funding	$225 million 2000 School Year	$104.2 million State FY 2000	$92.9 million State FY 1999 ($100.8 million State FY 2001)

In Georgia, state lottery money has been used to fund a voluntary, free prekindergarten program – drawing on and working with child care centers, Head Start, and the public schools – available to all families. Most of Georgia's four-year-old children participate in Georgia Pre-K. The initiative was spearheaded and developed under the leadership of former Governor Zell Miller. Although the original pilot served only children considered "at-risk," the Geogia Pre- kindergarten Program (Georgia Pre-K) is now open to almost all four-year-old children on a voluntary basis. The state offers a part-day, part-year school readiness-focused prekindergarten program available to families without charge, and without regard to family income or to whether a parent is engaged in work. A specifically-created Office of School Readiness administers this state-to-local program through grants/contracts to child care, Head Start, and public schools that apply and are able to meet specific and separate programmatic and curriculum standards. The Office reports directly to the Governor. The goal of the program is: "to provide a developmentally appropriate preschool program emphasizing growth in language and literacy, math concepts, science, arts, physical development, and personal and social competence."[2] Since 1992, Georgia Pre-K has grown from a pilot program serving 750 children in 20 sites with $3 million in state funding to a statewide initiative serving 62,500 children in over 1600 sites with $224 million in lottery dollars in the 2000 School Year.

In Massachusetts, the state legislature has funded Community Partnerships for Children, a discretionary state-to-local grant program administered by the State's Department of Education. Communities must form policy-making councils including representation from local child care programs, Head Start, and the public school district in order to develop a plan, receive and manage funds. Funds must be used for state-set priorities including provision of early education to preschool-age children from working families earning up to 125% of State Median Income; enhancing the quality and comprehensiveness of participating providers' services; and increasing collaboration to develop a system of early care and education. Of the total number of participating children, not less than a third must be in full-day, full-year educational services. Since inception in 1993, Community Partnerships for Children have grown to operate in 332 of the state's 351 cities and towns, serving around 20,780 children directly in FY00.

In Ohio, the state has committed significant state resources to expand access for poor children to Head Start and to promote Head Start/Child Care Partnerships. What started as initial demonstration projects of both state-funded Head Start and public preschool programs has grown to $100.8 million in state funds for Head Start services and initiatives and $19 million for public preschool in state fiscal year 2001 (the state will dedicate $76.5 million to the subsidized child care program in 2001). The Head Start expansion is the largest early childhood initiative operating in Ohio, begun with a gubernatorial goal to offer all Ohio's Head Start eligible children the opportunity to participate in comprehensive early childhood education and services. In addition to enrolling more children, the state's focus has included development of collaborative models among Head Start, child care, and public school preschool providers and staff to reach more poor children and to provide full-day, full-year care. This effort, as well as several other projects, is conducted with collaboration among state and local early childhood administrations, including the federally-funded Head Start Collaboration Office, the state and local departments of education and job and family services, and the state's Family and Children First local planning initiative. Approximately 13,000 children (22% of the state's Head Start enrollment) receive full-day, full-year Head Start services through partnerships either on child care or Head Start sites.[3]

II. State Initiatives to Promote Early Learning: Challenges & Responses

In referring to a comprehensive system of early care and education, we are intending to describe a comprehensive universal structure which provides enriching early education and necessary services for all children and work support for parents. In our study states, we saw evidence of movement toward this goal. It is possible that if there were no services, programs, or supports already in existence, a state working toward developing a system of early care and education might think differently about what such a system should look like. In planning an early education initiative, however, states and localities do not begin with a blank slate, for a number of reasons:

- Many children and families are already participating in a diverse child care system of for-profit and non-profit providers in a broad range of center-based, group home and family settings;
- Federal and state child care funding streams are typically designed to help low-income parents purchase access to existing providers, rather than to directly fund early care and education providers to provide services meeting specified standards or needs;
- A significant share of poor three- and four-year-old children are already participating in the Head Start Program, which has been funded to provide comprehensive services to poor children and their families, but which historically has not been structured to provide full-day, full-year services; and
- At least forty-one states and the District of Columbia have already dedicated funding to initiatives that provide early education to at least some of the state's population of three- and/or four-year-old children. These prekindergarten programs vary greatly in their goals and services provided, although at least eighteen state initiatives are governed by federal Head Start Performance Standards. No state provides universal coverage for all three- and four-year-olds, though several states (including Georgia) appear to be moving toward universal or near-universal coverage for four-year-old children.

Thus, much of the challenge for states and localities involves questions about how to coordinate, modify, and build on the strengths of existing systems in an effort to create a more comprehensive structure of early care and education. We think that this overarching issue can be more clearly analyzed by examining the questions states face and the approaches being taken in addressing five key challenges:

1. Developing a comprehensive vision that encompasses both the need for early education for children and for work supports for families;
2. Expanding fiscal resources;

3. Addressing regulatory differences among programs and funding streams;

4. Implementing an early education initiative across different structures and constituencies; and

5. Tracking progress and measuring results.

We observed examples of these challenges at work in each of our study states, and in discussions with other state policymakers and early care and education experts. Our examples of emerging responses to these issues are culled from our observations and discussions with state and local administrators and advocates in Georgia, Massachusetts, and Ohio, and are not meant to be exhaustive of the possible state approaches.

A. Developing Comprehensive Vision

1. Challenges:

Underlying many of the other issues states and localities face is the need for policymakers to develop a comprehensive vision encompassing the goals of school readiness for children and support of working parents. The need for such a vision is particularly important because historically, the goals of school readiness and work support have often been articulated separately, resulting in programs or funding streams with a principal emphasis on one or the other. At the federal level, there is no clear vision melding both goals across funding streams and programs. Thus, much of the vision challenge for states involves the question of how to incorporate both goals into an overall framework and set of programs and services for families.

Child care subsidy policies have typically been designed to respond primarily to the goal of helping low-income parents participate in work or education/training, while Head Start policies grow out of a movement to better prepare poor children to succeed upon entering school. Although Head Start programs allow for eligibility for all children under the federal poverty level without regard to work status of the parent, the program philosophy demands that parent and family needs be addressed in order to meet school readiness goals. State prekindergarten initiatives typically derive from concerns about school readiness, with less of a focus on family support.

Since Head Start and most state prekindergarten initiatives focus on school readiness, they primarily serve children aged three and four (i.e., the years immediately prior to entering elementary school), and have typically emphasized part-day, part-year programs. In contrast, the child care subsidy system serves children from birth through age twelve (in limited circumstances for children age thirteen and older), emphasizes services that coincide with parental work hours, but historically has not emphasized particular educational outcomes for participating children.

Another factor contributing to separation of child care and early education is the lack of consensus on the balance between public and private responsibility for care and education of young children. Historically, "child care" was considered a private responsibility, and families have been expected to make their own arrangements and payments for non-parental care. As child care subsidy efforts have expanded, much of the public discussion still revolves around whether government should assist in defraying the

costs of what is considered principally a private responsibility. In contrast, "education" is generally considered a public responsibility, though it has historically focused on children age five and over (and then only for a limited school day and year).

Research has demonstrated that enriching early childhood experiences may contribute to desired long-term social, cognitive, and behavioral outcomes for children that have an impact on "education" outcomes.[4] A growing number of state initiatives are recognizing the importance of early education based on these findings, although some policymakers and the public remain divided on whether these research outcomes constitute proof of the necessity of public investment in "child care" as "education."

Thus, policymakers face a service delivery system in which particular components have separate administrations, separate missions and programs, and differing desired child and family outcomes, largely flowing from this underlying difference in principal goals. Children are already distributed among these separate systems, and any effort to meet the dual goals of readiness and work supports must build on these existing systems and increase coordination and collaboration among them.

Table Two. Developing Comprehensive Vision

Challenges	Responses
Policymakers face a service delivery system with separate administrations, separate missions and programs, and differing desired child and family outcomes, largely flowing from underlying differences in principal goals.	• An evolutionary process of re-envisioning how services fit together • Executives and legislators playing leadership roles in prioritizing early care and education initiatives • Continual efforts to broaden and maintain support for early education initiatives

2. Responses:

In each of our study states, we found evidence of policymakers engaging in an evolutionary process of re-envisioning how services fit together. In each state, one can see evidence of efforts to strengthen the work support components of school readiness-focused programs while also strengthening the capacity of existing work support focused child care programs to promote school readiness. There is less of a tendency to think of parts of a child's day as either child care or child development/education. In each state, a vision of expanding early education services to working families has required involvement of pre-existing child care programs, with an emphasis on mechanisms to enhance or add to the quality and comprehensiveness of those services. At the same time, we describe the process as an evolutionary one, because in each state, there is not yet a broadly shared consensus around a strategic plan for the melding of the diverse components into a structure providing access to school readiness services and work supports for families of preschool children across age and income groups.

- In Georgia, the state initiative began with concerns about the need for enriching prekindergarten for disadvantaged four-year-old children. Within three years, Georgia Pre-K was expanded with a goal of universal access to the Pre-K program for all four-year-old children. The program grew rapidly, relying heavily on existing child care programs that had to meet Georgia Pre-K standards to become approved providers. While Georgia has gone further than any other state in providing a school-day/school-year service for four-year-old children, the state still faces some concerns about groups of children not directly addressed in the Geogia Pre-K vision. For example: children under four may still experience low quality early care and education services; families needing full-day/full-year programs still have to navigate the array of other early care and education services in the state in order to cobble together services that support their work schedules. While some observers suggested to us that the attention to the Georgia Pre-K program diverted resources and attention that could have been directed at younger and more disadvantaged children, others urged that the existence of Pre-K makes it easier to bring public awareness to other early care and education issues.

- In Massachusetts, the initiative grew out of concerns that despite the strength of state licensing standards and the existing child care system, working poor families were least likely to access formal early education for their children. The principal strategy has remained constant: engage local providers, parents, and community members in the process of determining how best to broaden access to early education meeting National Association for the Education of Young Children accreditation standards for three- and four-year-old children in lower income working families. Although the state leads the nation in number of accredited programs (724 as of July 2000[5]), the state still has a significant waiting list for child care services in the subsidy system. State legislators have demanded additional data and documentation of the impact of Community Partnerships for Children funds, and concerns remain about access to quality education and services for children younger and older than preschool age.

- In Ohio, the initiative grew out of a desire to assure every poor child an opportunity to participate in Head Start-type programs. The principal strategy is to expand access to Head Start while addressing needs for full-day services through state-funded grants to local grantees (another initiative to expand preschool through the public schools started at the same time, but has never received the same extent of funding expansion). Members of the state administration have worked collaboratively to help grantees address a historical reliance on double session classrooms by providing full-day services in child care centers and family child care homes in order to meet state goals. More recently, the state has allowed grantees to use state funds to serve children up to 125% of the federal poverty level as community needs dictate. While Ohio now reaches 71% of Head Start eligible three- and four-year-olds either through the Head Start or public preschool initiatives, the state does not have a plan to address needs from quality comprehensive services for children of different ages or higher incomes. In addition, administrators and grantees continue to work to increase participating providers' ability to meet Head Start Performance Standards in all sites.

In each state, we saw executives and legislators playing leadership roles in prioritizing early care and education. State leaders often played a key role in either articulating priorities or bringing key players to the table. In each state, key figures outside the early care and education system, in the executive office (Georgia and Ohio both had gubernatorial leaders who called for creation or expansion of their state initiatives) and/or the legislative branch (Massachusetts legislators have actively guided development of the state's early childhood initiative, and have pressured state administrators to work more closely) have spearheaded the development of the state's initiative. While new visions and fledgling programs may benefit from the attention and political clout of these types of leaders, they also may suffer with changes in leadership if efforts are not successfully made to win broader political and public support.

In each of our states, leaders in the early education field must continually work to broaden and maintain support for major initiatives, before and after the initiatives are created. In each state, early education leaders not only work to develop a comprehensive vision for a state's early care and education system, they also make efforts to communicate this vision in a manner that keeps key players and the public engaged.

- In Georgia, administrative leadership at the Office of School Readiness reached out to the state Head Start Association to develop mutual understanding and support and head off concerns that Georgia Pre-K might have an adverse effect on Head Start. In addition, top administrators of the Office report directly to the Governor with regard to the progress of Georgia Pre-K.
- In Massachusetts, staff at the State Department of Education worked closely with the State Board of Education, and members of the legislature to develop the Community Partnerships for Children initiative, and to respond to changing pressures in fine-tuning the program. In addition, the many local Partnership council members have become active in communicating their strong support of the program to their elected representatives and state policymakers.
- In Ohio, state early education leaders have successfully built support of the state Head Start initiative with multiple Governors, and work to educate new state legislators about the initiative. In an effort to continue to strengthen this support, the state currently has a grant from the National Governor's Association to develop methods to build public and political will to invest in early childhood services.

B. Expanding Fiscal Resources

1. Challenges:

The existence of multiple programs and funding streams sometimes leads to the impression that there is already "enough" money in early care and education, but simply dispersed among multiple systems. However, a brief review of administrative and survey data makes it clear that the current level of federal and state funding is not adequate to make services affordable to the number of children who would potentially benefit from participating in early care and education services, nor could it provide the quality of services necessary to meet school readiness goals.

It is difficult to get a complete picture from administrative data, because data are collected and reported differently across programs and funding streams, resulting in problems of conformity, duplication, and in some instances, no available data. Nevertheless, the available data do suggest the magnitude of current gaps in services. Table Three provides information on the current major sources of funding targeted to early care and education.

- **Head Start provides services to large numbers of poor children, though still serves only three out of five eligible three- and four-year-old children, and typically, for less than full-day, full-year.**[6] Head Start federal funding was $5.3 billion in FY 2000, providing 857,664 children (including both Head Start and Early Head Start) with comprehensive early education services.[7] The FY2001 appropriation is $6.2 billion. Head Start services are most frequently provided on a part-day, school-year basis.[8]

Table Three. Major Sources of Funding for Early Care and Education[9]

Funding Source	Appropriation/Amount	Children Served	Percent of Eligible
Head Start	$5.3 billion in FY00[10] (federal)	812,564 (annual)	3 out of 5 poor 3 & 4 year old children[11]
Child Care & Development Fund (CCDF)	$3.2 billion in FY99[12] (federal) $1.6 billion in FY99 (state)	1.8 million (average monthly)	12% of maximum federally eligible children (not limited to 3 & 4 year old children)[5]
Temporary Assistance for Needy Families (TANF)	$3.5 billion redirected to child care in FY00[14] (federal)	Data not available	N/A
State Prekindergarten Initiatives (non-federal dollars)	$1.7 billion in 1998-1999 school year[15] (state)	724,610 (annual)	10% of 3 & 4 year old children
Title I of the Elementary & Secondary Education Act (ESEA)	$407 million in 1999 - 2000 school year[16] (federal)	313,00 (annual)	8% of all children that would enter Kindergarten
Dependent Care Tax Credit (DCTC) & Dependent Care Assistance Program (DCAP)	$2.2 billion (DCTC) & .4 billion (DCAP) in estimated foregone federal tax revenue[17]	Total unknown - 5.5 million taxpayers claimed the DCTC in 1999	N/A

- **About 12% of potentially eligible children receive child care subsidies through the Child Care and Development Fund (CCDF) block grant[18], though often they are not participating in programs that could meet performance standards comparable to those of Head Start.** CCDF made $3.5 billion in federal funding available in FY 2000, and states provided an additional $1.8 billion in state maintenance of effort and matching funds.[19] The FY2001 level of federal funding available is $4.4 billion. An analysis of 1999 data found that of the 14.7 million children potentially eligible at the maximum income eligibility under federal law, about 12% were receiving CCDF assistance.[20] About 65% (1.1 million) of the children receiving CCDF subsidy were under age six in an average month in FFY99; 26% (458,502) of those served with CCDF were three- and four-year-old children.[21] Comprehensive services that would meet Head Start Performance Standards are not typically funded primarily through CCDF, since approximately 83% of CCDF-funded children are subsidized through vouchers to their parents for a wide range of child care settings[22]; a substantial share of the child care arrangements funded under CCDF would not meet Head Start Performance Standards (or, state school readiness initiative standards).[23]

- **Many children are receiving child care services funded with Temporary Assistance for Needy Families (TANF) block grant dollars. States redirected 20% of TANF to child care in 2000, though data are not available to quantify the number of children served with these dollars.** Since welfare caseloads have declined in the 1990's, the biggest redirection of TANF dollars has been to child care. In 2000, states' reliance on TANF funds to provide child care services grew, with $3.5 billion redirected to fund child care services.[24] States transferred about $2 billion of these funds to their CCDF lead agency, where the funds are typically used to supplement activities possible under the CCDF rules. In addition, states spent $1.5 billion directly from their TANF block grants on a wide range of child care services and related activities. No national data are available to quantify the number of children receiving services with these dollars or the nature of services, though data will eventually be available through annual CCDF reporting for those expenditures involving funds transferred to CCDF.[25] Although states have been able to expand child care services using TANF dollars, they may use TANF to fund an array of services, making TANF a potentially unstable child care funding stream should state economic or political conditions fluctuate.

- **Less than 10% of three- and four-year-old children are participating in state-funded pre-kindergarten programs; these programs most often target at-risk or low-income children.** While data about state pre-K expenditures is not collected at the federal level, it has been estimated that FY99 expenditures for state-funded pre-K programs were $1.7 billion dollars, serving just under 725,000 children in 42 states.[26] At that time, there were 7.7 million children in that age range according to 1998 Census.[27] State prekindergarten initiatives tend to focus on children aged three and four, but only three offer full-day, full-year services.[28]

- **An estimated 313,000 preschool children received educational or other services funded through Title I of the Elementary and Secondary Education Act (ESEA) in 1999-2000,** though there is only limited information about what services were received, and it is not known to what extent these children were also participating in Head Start or other early care and education services. Title I

dollars used to provide preschool services are required to comply with Head Start Performance Standards. In school year 1999- 2000, Title I provided $7.9 billion to schools. According to research by the U.S. General Accounting Office (GAO), 17% of the school districts that received Title I used them for preschool services, amounting to $407 million. GAO estimated that the number of preschool children provided some sort of service with Title I funding represented approximately 8% of children that will enter kindergarten.[29]

- **Many infants and toddlers are in need of high quality early care, but there are currently few federal funding streams or programs targeted to this purpose.** More than half of children under age three have employed primary caretakers (6.8 million children)[30]. Among those infants and toddlers with employed mothers, three-quarters are cared for by someone other than a parent while the mothers are working[31]. A national study of child care quality found that most infant-toddler child care in centers was poor to mediocre.[32] In 2000, Early Head Start provided 45,100 children (approximately 5% of the total number of children served with Head Start funds) under age three with comprehensive early education services.[33] Less than a third (28% or 493,772) of children receiving CCDF subsidized child care on an average monthly basis are under the age of three.[34] The FFY 2001 CCDF appropriation set aside $100 million out of a total of $4.6 billion in federal available dollars for increasing the supply of quality infant/toddler care.[35]

- **Federal child care-related tax provisions reduce the cost of child care for middle and upper income families but do not currently assist low-income families and are not structured to promote school readiness goals.** The Dependent Care Tax Credit (DCTC) and the Dependent Care Assistance Program (DCAP) represent a tax expenditure (i.e., foregone federal revenue) of about $3 billion annually, but as currently designed, these provisions are not structured to benefit low-income families, are only provided in the form of a once-a-year tax refund or adjustment for those with tax liabilities, and are not designed to address school readiness issues for children.[36]

While the data from individual programs and funding streams suggests the gulf between coverage and need, these data cannot readily be combined into a single picture. Federal survey data offers the following picture: most three- and four-year old children of higher income families are participating in center-based early education programs, while most three- and four- year old children in middle- and lower-income families are not. There is a clear relationship between lower family income and lower participation of children in preschool; according to 1998 data, families in the top 20% report 65% participation, those in the middle 60% report 46% participation, and the lowest 20% report 37% participation. The percentage for the lowest income children in 1996 was 35%.[37] Data from the 1997 National Survey of America's Families demonstrated that overall preschool children of employed mothers with family income above 200% of the federal poverty level were more likely to have center-based child care arrangements (35%) compared to those below 200% (26%), although these proportions varied widely among the states.[38]

As we discuss later in this paper, it would surely help to have a clearer data picture concerning the extent and nature of participation in pre-school programs by all children (upper and lower income) of all ages. However, the survey data underscores the picture suggested by administrative data: even allowing for duplication and overlap, there is a very large gap between current need and current level of services and participation.

Table Four. Expanding Fiscal Resources

Challenges	Responses
The current level of federal and state funding is not adequate to make services affordable to the number of children who would potentially benefit from early education services, not could it provide the quality of services necessary to meet school readiness goals.	• Committing additional federal and state dollars • Redirecting TANF block grant funds to child care and early education purposes

2. Responses:

Each of the study states has committed additional federal and state funding to early education and prekindergarten initiatives. Each of the study states have phased-in significant funding commitments to these initiatives, but none have reached the point of being able to provide all young children access to full-day, full-year early education programs.

- In Georgia, the state draws down all available federal CCDF funds, and also transferred $51.7 million from the TANF block grant to the CCDF lead agency in FY00. When the state determined to operate a universal pre-K program, the state elected to develop a dedicated lottery funding stream that provided $225 million to universal prekindergarten in FY99. The lottery funding stream (in combination with Head Start) has made it possible to make school-year services broadly available to four-year-old children. The state's expenditures for four-year old children through the Georgia Pre-K program now exceed the cost of the entire low-income child care subsidy program for low-income children from birth to age twelve.
- In Massachusetts, the state draws down all available CCDF funds and uses a significant amount of its TANF block grant for child care. In FY00, Massachusetts transferred close to 20% of the block grant to CCDF ($91.9 million), and directly spent TANF dollars for child care as well ($104.7 million). The state legislature has committed $104 million to Community Partnerships for Children in FY01, 45% of which came from the state's TANF block grant funds.
- In Ohio, the state draws down all available CCDF funds, and has begun to use more TANF funds for child care in FY00. That year saw $77.5 million in TANF funds transferred to CCDF, and direct spending of $79 million. In addition, the state-funded Head Start program and state preschool programs are funded at $100.8 and $19 million of state revenues in state FY01. Ohio state officials have also aggressively pursued private grants from national funders to finance early education technical assistance and policy development projects.

Thus, in each case, the state is accessing all available CCDF funds, has committed additional TANF funds, and has supplemented that commitment with unmatched state dollars. While only Georgia has created a new dedicated funding stream, each state has found it necessary to commit state funds in excess of the federal dollars the state has been able to access.

In each of the states, a significant amount of TANF dollars have been redirected to child care and early education purposes. However, uncertainty about the future of federal TANF funds makes system development and long-term planning difficult. The federal dollars that these states have accessed, mostly from TANF, have played a key role in the state's expansion of child care subsidy services. Yet, policymakers feel some level of uncertainty about the continued availability of TANF funds, making long term plans for building early care and education systems difficult for states.

- In Georgia, the state redirected $53 million of TANF to child care and early education in the 2000 federal fiscal year.
- In Massachusetts, the state redirected $197 million of TANF to child care and early education in the 2000 federal fiscal year.
- In Ohio, the state redirected $157 million of TANF to child care and early education in the 2000 federal fiscal year.

C. Addressing Regulatory Differences Among Programs and Funding Streams

1. Challenges:

Three principal federal funding streams provide most of the federal funding for early care and education: the Head Start Program, the CCDF, and funding being directed to child care and early education from federal TANF funds. Head Start is a program; CCDF and TANF are funding streams. In addition, state prekindergarten initiatives vary from state to state on a variety of aspects. Probably the most significant differences among these programs and funding streams in efforts to develop comprehensive coordinated approaches concern eligibility requirements for children and families; distribution of funds; and standards governing providers of services.

a) Eligibility requirements and processes for children and families differ across programs and funding streams.

Eligibility requirements of the principal funding streams and programs differ on three main dimensions: child age, family income, and parental status (i.e., working, education or training). Each area of difference presents issues for states and localities in efforts to develop comprehensive approaches:

- **Child Age:** Head Start (not including Early Head Start) is primarily directed at three- and four-year-old children. CCDF-funded child care services must (subject to limited exceptions) be used for children under age thirteen. TANF funds have no restrictions on child age, and may be used in any way "reasonably calculated" to accomplish the purposes of TANF. Thus, CCDF and TANF funds

may be used for a broader age range of children, or to target services to priority age ranges of children. The principal limitation here is that of resources, i.e., at a given level of resources, a state cannot target CCDF or TANF funds to a particular age group without reducing the availability of funding for other eligible children.

- **Family Income:** At least 90% of Head Start children must be in families with incomes at or below the federal poverty line or receiving public assistance at the point of Head Start enrollment. The clear intent of federal law is that Head Start resources be principally focused on providing services to families with incomes below the poverty line (although the flexibility states have under TANF to broaden the definition of public assistance could be used to increase the Head Start eligible population[39]). Under CCDF, states may set family income eligibility up to 85% of State Median Income, although most states set eligibility well below the maximum. States have considerable flexibility in determining how to use TANF funds to provide child care services to "needy parents," and what income level constitutes "needy." It is also possible that TANF funds may be used to provide early education or prekindergarten services without regard to income under certain TANF provisions, but federal guidance has not yet settled this outstanding question and interpretations of federal law differ.[40] Thus, apart from the unresolved issue concerning TANF funds, it is clear that a state may use available federal funds to serve families up to and well above the federal poverty line, but must make use of additional state funds if it wishes to serve families above 85% of State Median Income.

- **Parental Status:** Head Start eligibility is based on a child's status, and does not depend on whether a parent is working, so long as the family meets initial income eligibility guidelines. To qualify for a CCDF funded subsidy, a family must include a parent (or person acting in loco parentis) who is working or engaged in education or must be a family in need of protective services. When TANF funds are transferred to CCDF, they must be spend according to CCDF rules. However, when TANF funds are spent directly, parental work status becomes a complicating factor: if the parent is not working, child care provided to that family generally falls within the definition of "TANF assistance." Any month in which a family receives such assistance counts toward TANF time limits, and the family becomes subject to TANF work requirements, child support assignment requirements, and TANF data collection requirements. Thus, as a practical matter, it is difficult to directly spend TANF funds for child care for non-working families unless those families are already receiving other forms of TANF assistance. TANF funds spent directly on child care for working families, however, do not trigger the TANF time limits, etc.

- **Changes in Family Circumstances:** In Head Start, once eligibility is initially determined, children remain eligible until a kindergarten or first grade enrollment is possible. In CCDF, once eligibility is initially determined, a state is free to make its own reasonable decisions concerning length of eligibility periods and whether to act on changes within the eligibility period.[41] So, for example, a state may structure child care subsidy policy to mirror the eligibility periods of Head Start, a state prekindergarten initiative, or other partnering programs, although many states choose to use much shorter certification periods. When a state uses TANF funds directly to purchase early care and education services, there is no clear federal guidance addressing changes in family circumstances.

Thus, once eligibility and status is initially determined, it is unclear whether a state could, e.g., set a one-year certification period and not act on changes in circumstances during the year.

b) **There are differences across programs and funding streams in how federal and state funds are distributed.**

There are three main differences in how funds are distributed: to whom funds flow; how participating providers receive funds; and the level at which decisions about funding are made.

- **To Whom Funds Flow:** Head Start is a federal-to-local continuation grant program that provides funding directly to community-based providers. CCDF funds flow through a state-designated lead agency. Under CCDF, states must provide parents with the option of using "certificates" with which parents may purchase care of their choice (assuming the provider of their choice accepts the certificate and the amount the state pays), although state programs may also use contracts and grants. Nationally, certificates are the dominant method of payment for CCDF subsidies, accounting for 84% of all children served in FY98.[42] The state TANF agency may or may not be the same as the state CCDF lead agency. When a state chooses to spend TANF dollars directly for child care (and not transfer to the CCDF lead agency), the state may make its own determinations about whether to provide services through grants, contracts, or direct provision of certificates or cash to parents; federal law imposes no specific requirements. State-funded prekindergarten initiatives tend to be housed in state departments of education, and to distribute funds as grants to local partnerships or localities, such as school districts (20 initiatives) and Head Start programs (7 states). Only two states distribute prekindergarten funds directly to parents.[43]

- **Payment Methods:** Head Start providers receive prospective grant funds. Under CCDF, most states reimburse child care providers after provision of services under the certificate system, although the minority of states that use contracts may provide prospective funding. TANF rules do not restrict payment methods. State prekindergarten initiatives vary, but most distribute funds as prospective grants, either in a non-competitive manner (27 states) or competitive (25 states).[44]

- **Level of Decision-making:** Head Start policy decisions are made at the federal level, although there is a significant share of local control in that individual grantees may decide how to administer funds and subcontract arrangements. CCDF general policies and parameters are set at the federal level, but key specific decisions regarding eligibility, copayments, payment rates to providers are decided at the state level (some states allow counties to set some of these policies). Similar issues apply to TANF funds, for which federal guidelines are set, but many specific decisions are left to the state's TANF agency (again, some states allow counties to determine how to use TANF funds). The TANF agency may transfer up to 30% of TANF funds to the CCDF agency (in which case the funds become subject to CCDF rules), and may contract with the CCDF lead agency for that agency to administer any additional funds being committed to the effort. States vary in their approach, although the majority of TANF funds redirected to child care are simply transferred to the CCDF lead agency. In addition, some states allow counties to decide how to spend TANF funds. State prekindergarten initiatives vary, with examples of decision-making occurring at state, local, and grantee levels.

c) **Different requirements and standards govern providers of early education services under the various federal and state funding streams.**

The rules concerning standards applicable to providers vary across the principal programs and funding streams. In particular, in some instances, providers are required to meet set program standards in order to receive funding, while other providers receive funding as long as they follow state rules and minimal state health and safety regulations.

- **Strength of Program Standards:** Head Start grantees must meet an established set of Performance Standards that shape much of the educational and comprehensive service components (e.g. social services, health, and parent involvement) of their programs. Program standards for state prekindergarten initiatives vary. Eighteen state programs follow the Head Start Performance Standards, most often when the initiative builds on the Head Start program. However, in eleven states there are no educational standards, and programs must only meet child care licensing or school code requirements.[45] Finally, federal law does not set performance standards or other quality-related standards for CCDF or TANF-funded programs.

- **Health and Safety Regulations:** Providers accepting CCDF subsidies must meet the licensing requirements applicable to the state, and all CCDF providers (except certain relatives) must meet minimum health and safety requirements. State health and safety requirements and other program requirements may not expressly or effectively exclude any category of care,[46] type of provider,[47] or any type of provider within a category of care; have the effect of limiting parental access to or choice from among such categories of care or types of providers; or excluding a significant number of providers in any category of care or of any type of providers.[48] Most states require Head Start providers to meet child care licensing standards as well. Numbers are not available on how many state prekindergarten initiatives require participating programs to meet existing state health and safety regulations applicable to child care. Most exceed those basic requirements (25 initiatives require smaller class sizes and/or lower staff child ratios than are required by that state's licensing regulations), and only eleven limit what is required of state prekindergarten providers to basic licensing requirements and/or school codes.[49]

- **Staffing:** There are often significant differences in staffing requirements across programs and funding streams, within states and between states. The great majority of Head Start teachers have a CDA or degree in Early Childhood Education, and by 2003 at least 50% of all Head Start teachers nationwide in center-based programs must have an associate, BA or advanced degree in early childhood education, or a related field with experience in teaching preschool children. Child care providers accepting CCDF subsidies must abide by staffing requirements included in state licensing laws, which often are fairly minimal, vary widely from state to state and may exempt many care providers from meeting qualifications. In state prekindergarten initiatives, 13 require teacher certification with a background in early education, 37 have other credential requirements besides certification, and 4 have no requirements.[50]

Despite these differences, federal law does not prevent a state from applying substantially similar performance standards to some (though not all) of the services funded with CCDF funds, in order to expand the availability of services meeting the Head Start Performance Standards. So, for example, if a state wishes to use CCDF funds to increase the number of contracted providers offering services that meet Head Start Performance standards, or to contract with Head Start or public preschool programs, the state could elect to do so, so long as the result did not impermissibly restrict parental choice. A state could use TANF funds (whether directly spent or transferred) for the same purposes. If the TANF funds are transferred, they become subject to all CCDF requirements. If directly spent, there is a bar against using the funds for "medical services" but otherwise no bar against expenditures for comprehensive services that meet Head Start or other state performance standards. Note, however, that if a state develops its own standards (for either child care or an early childhood initiative) which differ from Head Start standards, federally funded Head Start grantees will still be responsible for ensuring compliance with Head Start standards. In addition, Head Start grantees may subcontract with other agencies for services, but must assure that these services meet Head Start Performance Standards.

Table Five. Addressing Regulatory Differences Among Programs & Funding Streams

Challenges	Responses
Eligibility requirements differ across programs.	• Allocating and managing funds creatively across programs • Using the flexibility of CCDF rules to increase ease of blending subsidy dollars with other programs' rules
Federal and state funding streams are distributed differently.	• Using prospective grant funding to encourage the development of stable, quality programs • Paying rates more reflective of the cost of quality care to providers participating in the early education initiative
Different levels of standards are required of providers under the various federal and state funding streams.	• Requiring a set of quality program standards of all participating programs as a condition of funding • Encouraging advanced staffing qualifications across all participating programs

2. Responses:

a) Response to differences in eligibility requirements and processes.

Our study states are allocating and managing funding streams creatively and across programs. In each state, there are significant examples of work with providers to maximize use of federal and state resources through local partnerships, blended funding, and cost allocation methods. Each of the study states has examples of partnerships between providers whose services are primarily funded through different federal funding streams or single providers that are blending multiple funding streams in order to provide full-day, full-year early education services.

- In Georgia, the Pre-K program pays providers (which may include child care centers, Head Start, and public schools) for a 6.5 hour day, 180 days a year. Participating Head Start providers may use federal funds to provide the other portion of the day and the comprehensive services required by Head Start Performance Standards for poor children in their Pre-K classroom. Head Start providers are potentially eligible to become Pre-K providers, and about 5000 children are in Pre-K classrooms operated by Head Start grantees. The state child care subsidy agency has entered a memorandum of agreement with the Pre-K program in which children participating in Pre-K are given priority for child care subsidies to allow participation in before-and-after school programs. And, the legislature authorized the state subsidy agency to enter into contracts with Head Start agencies to provide full-day, full-year slots for participating children.

- In Massachusetts, local councils including child care, Head Start, and public schools must decide how best to target state dollars to round out existing services - often resulting in using state dollars for services not traditionally paid for by the provider's existing funding stream (e.g. full-day Head Start or comprehensive services for children in public preschool or private child care).

- In Ohio, the state has facilitated partnerships between Head Start grantees and local center and family child care providers to provide more full-day, full-year services that meet Head Start Performance Standards. The most common model involves use of state Head Start funds by grantees to help child care providers already serving poor children full-day, full-year meet Head Start Performance Standards or to provide comprehensive services, while the educational component of full-day, full-year care is still funded with CCDF child care subsidies.[51] Another model has Head Start sites accepting child care subsidies to provide extended-day and full-year services on site.

Our study states are using the flexibility of CCDF rules to increase ease of blending subsidy dollars with Head Start and state prekindergarten rules. Each state is examining ways in which rules may be made more flexible. For example, Ohio lengthened the period of certification for child care subsidy from six to twelve months, in part to make cross-program partnerships easier. The federal Child Care Bureau has clarified that states have flexibility to change recertification periods for services provided with CCDF funds in order to coincide with those of a collaborating program (such as when Head Start and CCDF funds are used to provide full-day, full-year Head Start services).[52] Although Ohio still requires families to notify their county department of human services if their work or education/training schedules change, now fewer families are likely to lose the part-day subsidy they may be using to

round out a part-day Head Start placement when faced with the challenges of meeting certification requirements. Georgia already had one year recertification. None of the study states had implemented a certification policy similar to Head Start's for their child care subsidy systems.

b) Responses to differences across funding streams in how federal funds are distributed.

Our study states are providing funds prospectively to providers to encourage and require the development of a more stable, higher quality program. In each of the studied initiatives, the states are working toward distributing state initiative funding prospectively. Each of the states uses a grant-making process to require programs to meet key standards and builds in the costs of providing those enhanced quality services in the funding awards. In addition, one state uses prospective funding in its CCDF system. Current federal CCDF law requires that states ensure parental choice in choosing child care arrangements when CCDF funds are used, but states may still include contracted services in their CCDF programs so long as parental choice is respected.[53] States are also free to use other dollars as a lever to encourage the development of needed quality services. States are finding this method of distribution serves as a means to develop needed quality services with their initiatives.

- In Georgia, the Office of School Readiness uses the grant process to ensure program accountability. Potential and continuing Pre-K providers apply for prospective grant funding in order to have an approved four-year-old classroom, basing their projected enrollment on staff:child ratios and requirements that are stricter than current state licensing law. The state approves grants according to set priorities, including the need to target supply in disadvantaged or growing population areas. Approved providers must meet program standard guidelines, such as paying staff set salaries and using only approved curriculum as a condition of grant funding. To remain in good standing, programs must meet program and data reporting requirements, maintain full enrollment, and meet child care licensing regulations where necessary. Programs with unresolved issues do not receive an automatic renewal contract in January and must reapply for funds. Lack of program quality, licensing violations, and cases of fraud are bases for not approving renewed funds.
- In Massachusetts, the state awards Community Partnership grants prospectively to community councils based on their submitted plans for meeting local needs and state priorities. Since Partnership providers of direct child care services must be working toward accreditation, Council proposals may include the costs of meeting accreditation standards, as well as the cost of providing higher quality care. In addition, Massachusetts is one of a handful of states that distributes a significant portion of CCDF dollars through contracts as opposed to voucher/certificates. The state CCDF lead agency uses contracts to stabilize child care supply in disadvantaged areas and to enhance the quality of care. For example, family child care providers organized into networks receive contracts which build in the overhead costs of professional development, back up teachers for when family child care providers are sick, and other technical assistance that stabilize participating providers.
- In Ohio, state Head Start funds are distributed prospectively to grantees (most are also federal grantees) and they may contract with child care providers for components of a full day, full year Head Start program. The most common model of Head Start - Child Care partnership has children

cared for at the child care site full-day, with Head Start subcontract funds used to link the family to comprehensive services and assist child care providers to meet Head Start Performance Standards. At both the grantee and subcontract levels, agreements typically include provisions that require services to meet such standards. However, Ohio child care partners must still participate in the child care subsidy system reimbursement process in order to receive payment for the bulk of the services they provide to Head Start children.

Georgia and Massachusetts are paying rates that are more reflective of the cost of quality early education to all program providers participating in the early education initiative.

- In Georgia, compensation for Pre-K providers varies with the education level of the lead teacher, area of the state, and whether the setting is public or private. Providers participating in the Pre-K program with certified teachers are paid a rate higher than what the CCDF lead agency offers as the full-day payment rate for subsidized child care. For example, in Zone 1 (the highest cost area of the state), the full time subsidy rate for center-based care is $75/week, which would translate to $2700 for 36 weeks. The Pre-K rate for metropolitan Atlanta is $3387.60 per child for a private sector certified lead teacher, and $3036.24 for a certified lead teacher in the public sector, for a 6.5 hour day. Costs would be higher for a Pre-K that also included a resource instructor.

- In Massachusetts, local Community Partnerships for Children Councils determine what the appropriate rate of payment is for participating providers. Many Community Partnerships for Children Councils pay rates higher than those established by the CCDF agency for the same amount of day coverage by, for example, basing rates on providers' published private pay rates or calculating a community rate based on current-year prices. In addition, the state CCDF lead agency is awarding contracts to Head Start programs to offer full-day services, and calculating payment rates according to Head Start standards of payment.

c) **Responses to differing program standards**

Our study states are requiring a set of quality program standards of all participating programs as a condition of funding. Each state has either adopted established federal Head Start standards or created a separate set of early education standards that providers accepting initiative funding must meet.

- In Georgia, the state developed a set of educational standards which Pre-K classrooms must meet, including a list of approved curricula. In addition, classrooms must meet existing child care licensing health and safety regulations. The federal Head Start/Child Care Collaboration office is also working with the Head Start Association and other state offices to help all Geogia's federal Head Start grantees become licensed, since the state is one of the few that does not already require this. While all participating Georgia Pre-K programs are not required to provide comprehensive services, those serving low-income children eligible for a list of federal and state assistance programs may apply for additional Resource Coordination funds in order to support the needs of those families.

- In Massachusetts, the state developed a set of comprehensive guidelines for community initiatives, and requires all programs (which may include center and family child care, Head Start, and public

schools) providing direct services to children through Community Partnerships for Children funding to be working toward achieving accreditation through National Association for the Education of Young Children (NAEYC) or another appropriate national accrediting body within three years.

- In Ohio, the expansion of the Head Start program in many cases relies on the provision of services on private child care sites, however, the state strives to ensure federal Performance Standards are met. The State Department of Education which administers state Head Start funds coordinates monitoring and site visits to programs with the federal ACF Regional Office regularly scheduled for federally-funded grantees.

Our study states are encouraging advanced staffing qualifications across all programs participating in their early education initiatives. Each state has developed some consistent standards to be applied to the variety of providers receiving state funding through the studied state initiatives.

- In Georgia, lead teachers in all participating classrooms must be 21 years of age and have certification in Early Childhood or Elementary Education OR a four year college degree in early childhood, education or other approved fields OR a technical institute diploma or two year associate degree or Montessori diploma OR a Child Development Associate (CDA) or Child Care Professional (CCP) credential. By 2001 the CDA/CCP credential will no longer be an option for lead teachers. Teacher assistants must be 21 years of age and have a high school diploma or its equivalent, experience with young children, and "proficient communication skills."

- In Massachusetts, all participating programs must meet the state's licensing law, including strong requirements for lead teacher per-service participation in post-secondary education courses and ongoing training and professional development. In addition, family child care providers must be or agree to become accredited by the National Association of Family Child Care (NAFCC) or to achieve Child Development Associate (CDA) certification or have at least an Associate's degree in early childhood education. Local councils may use Community Partnerships for Children resources to provide staff development and training to meet these requirements. Massachusetts also has developed a program that provides scholarships and mentoring to child care and Head Start teachers interested in pursuing an Associate's or Bachelor's degree.
- In Ohio, all providers must meet the staff qualification requirements of Head Start Performance Standards. Head Start grantees in partnership with child care providers often use their grants to help child care staff meet certification and training requirements, and open up Head Start trainings to child care staff.

D. Implementing Early Education Initiatives Across Different Structures & Constituencies

1. Challenges:

The implementation of any cross-cutting early education initiative must address diverse expectations and outcomes among various groups. These groups include parents, policymakers, program administrators, and others. At the same time, the structures that house the various early education programs are in separate and non-parallel government entities. There is also a need to increase these different groups' and entities' understanding of other program and service delivery types.

a) The public and parents/consumers have diverse expectations for early care and education.

Public understanding regarding early education, what it should look like and what outcomes one may expect from it is still developing. Some consumers expect early education to look like "school" and improve test scores; some are only concerned that services nurture children and keep them safe; others are concerned that services operate during the hours when parents need it to work or participate in education/training. Some may expect to pay for early care and education, while others may expect it to be offered free such as public education. These issues come into play not only in gaining public will for an initiative, but in ensuring participation once an initiative is implemented.

b) State early care and education administrators and leaders are in separate and non-parallel structures.

Subsidized child care administrators are often housed within the state agency that manages welfare and public assistance programs, while state prekindergarten initiatives are often administered in the state department of education. Head Start is administered by federal and regional offices, although each state has a federally funded Head Start Collaboration director who is housed in an agency of the state's choice. Often the top administrators of a state's various early care and education programs have differing levels of power and status within the state (e.g. Commissioner of a distinct agency/office vs. administrator of a division), and therefore would not traditionally conduct projects or planning together. In some states, a significant amount of decision-making power is held at the county level. Federal and state legislative oversight of early care and education is usually divided among various committees (e.g. human services, education, and ways and means), complicating political ownership of prekindergarten initiatives.

c) There is a need to increase understanding of other programs and service delivery types within the early care and education constituency.

The different missions, administrative structures, and regulations governing early care and education programs have given rise to distinct cultures and sometimes rivalries among various program types. Need for increased understanding exists at the national, state, and local levels. Some may feel they provide a higher quality program, while some believe that other providers do not recognize the needs of working parents. Among child care providers, there is substantial diversity and differing perspectives (e.g. center and family child care, for- and non-profits). In addition to barriers in thinking, real programmatic

differences make meaningful coordination difficult (e.g. differences in teacher education and salary levels, curricula, applicable regulations, staff/child ratios, hours of operation, provision of ancillary services, etc.). Divisiveness within the diverse early education community may frustrate policymakers interested in responding to that community's needs.

Table Six. Implementing Early Education Initiatives Across Different Structures & Constituencies

Challenges	Responses
The public and parents/consumers have diverse expectations for early care and education.	• Improving communication with parents and the public regarding early childhood education and new initiatives, using marketing strategies or public will campaigns • Increasing the number and diversity of the state's constituency for early education issues
State early care and education administrators and leaders are in separate and non-parallel structures.	Trying new structures to increase coordinated planning among state administrators and legislators
There is a need to increase understanding of other programs and service delivery types within the early care and education constituency.	• Appropriating new dollars that may only be accessed by those programs willing to work in partnerships or across systems • Dedicating staff or resources to provide programs with technical assistance, which effectively doubles as a means to monitor implementation • Allowing new local flexibility in use of funds to increase coordination

2. Responses:

a) Responses to the diverse expectations for early care and education among the public and parents/consumers.

Our study states are trying to improve communication with parents and the public regarding early childhood education and new initiatives. Communication strategies are dependent on the state's key mission in providing an initiative, what policymakers feel the public wants, technical capacity, and what the initiative actually offers.

- The Georgia Pre-K message has clearly been of school readiness for all four-year-old children. Georgia's Office of School Readiness developed and prominently uses a symbolic logo ("The little engine that could"), provides the book of this title to all participating children, and widely disseminates information across the state, fostering a statewide identity for the program. All providers of Georgia Pre-K - whether a child care center, Head Start or public school - must conform to program standards both in service delivery and in public presentations (e.g. call themselves "early learning centers"). The Office of School Readiness has a sophisticated and helpful web-site which both provides information on services and promotes the accomplishments of the program thus far. In addition, the state expressly measures parent satisfaction with the program by building this factor into its' outcomes research. The great majority (80%) of surveyed parents whose children participated in Georgia Pre-K agreed or strongly agreed when asked if their child had progressed in school faster as a result of having participated in the program.

- In Massachusetts, the locally-driven Community Partnership Councils develop their own brochures and marketing as tailored to the demographics and language diversity of that area. Councils are also required to include representation of the parents they serve. The child care subsidy administration is developing a computerized system that would allow parents across the state to find out where available subsidized slots exist, including those in Community Partnership programs, whether working with a resource and referral agency or checking from a computer.

- Ohio's initiative to expand access to Head Start allows all participating partners (child care center and family child care homes) to advertise the provision of Head Start services in their sites. The state now has a grant from the National Governors' Association to work toward building public understanding and support for early childhood education.

Massachusetts' network of local community councils have increased the number and diversity of the state's constituency for early education issues. Every local region that has an approved Community Partnership for Children project has a decision-making council that includes membership of child care, Head Start, public school constituencies, and parents, and may include representatives of other key local stakeholder groups as well. The state estimates that over 3,000 individuals are involved in planning how best to meet the needs of children as a result of participating in the councils, which cover almost every town in the state.

b) **Responses to state early care and education administrators and leaders being in separate and non-parallel structures.**

In our study states, state administrators and legislators are trying new structures to increase coordinated planning. These methods have had varying degrees of success, sometimes dependent on the actual personalities of the persons representing key agencies, and sometimes due to other barriers (lack of prioritization, time or resources).

- In Georgia, the initial design of the state initiative was conducted by the State Department of Education in conjunction with a specially convened group of stakeholders, while the process of taking the program to a universal scale was managed by the newly created State Office of School

Readiness. The federal Head Start Collaboration director is housed within the Office of School Readiness, and serves as a liaison between federal Head Start grantees and the Georgia Pre-K program, working on several joint projects with The Office of School Readiness to encourage participation of Head Start grantees in Georgia Pre-K. The Collaboration director also works with the Office of School Readiness and the subsidized child care system (housed within the state's Department of Human Resources) on joint projects to increase collaboration for full-day, full-year programs. Georgia's Child Care Council, charged with the duty of determining how best to spend state CCDF quality set-aside dollars, includes ex-officio membership from the Department of Human Resources subsidized child care system, the Head Start Collaboration Office, the Department of Education, and The Office of School Readiness.

- Massachusetts' Department of Education is responsible for policy development and grant management for the Community Partnership for Children initiative at the state level, while local Councils requiring participation of child care, Head Start, and public schools determine how best to use state funds to meet local needs. At the state level, the legislature has mandated additional coordination among the Department of Education and the child care subsidy administration. The Department of Education has worked together with the state child care administration (the Office of Child Care Services is housed within the Executive Office of Health and Human Services) to increase data sharing and analysis. The Head Start Collaboration Office has initiated a process among existing state systems and providers to analyze the need for infant/toddler care and develop a plan for the state. At the local level, each Community Partnership has analyzed community needs and gaps in services to develop and implement plans to best serve three- and four-year-old children in their area.

- In Ohio, the State Department of Education Office of Early Childhood is responsible for administering state-funded Head Start grants to local programs to provide services, but works closely with the state Bureau of Child Care (housed within the Department of Job and Family Services) and federal Head Start administration to support Head Start/Child Care partnerships. In addition, the federally created role of the Head Start Collaboration Director has been central to working toward more unified policies. Much state-level agency collaboration occurs under the auspices of the Family and Children First initiative, a Cabinet level group including high-level representatives of the state budget office, education, health and human services, and youth services agencies. The subcommittee Head Start/Child Care State Workgroup, including the federal Head Start Collaboration director, the Executive Director of the Office of Early Childhood in the Department of Education, and the Bureau Chief of Child Care, works together on planning, budget requests, data gathering, and policy development.

c) Responses to a need for increased understanding of other programs and service delivery types.

Our study states are appropriating new dollars that may only be accessed by those programs willing to work in partnerships or across systems. Each of the study states used new funding as a "carrot" to encourage local programs to work across systems. Some states are also paying a higher rate for services provided in collaborative initiatives that meets higher standards. Thus, programs wish to participate not just to expand services, but to be able to have more flexibility with the funds or to be able to improve their services as a result of receiving more funding per child served.

- Georgia's Pre-K initiative attracted public school, child care and Head Start providers to participate by offering additional funding.
- In Massachusetts, only those communities which formed Community Councils representative of their local early care and education community could apply for grant funds.
- In Ohio, the state offered enhanced per child payments for grantees willing to start up a Head Start - Child Care partnership for the first few years of the initiative.

All of our study states have dedicated staff or resources to provide programs with technical assistance, which effectively doubles as a means to monitor implementation. All three of our study states have established new policies and procedures to assist communities and providers, including: detailed grant applications and guidance; policy memorandum; technical assistance guides; model joint agreements and contracts.

- In Georgia, the Office of School Readiness houses both the basic licensing component for approved Pre-K providers, and technical assistance staff to assist programs in implementation of Georgia Pre-K standards. The Office of School Readiness is also working with child care centers that provide Georgia Pre-K services to four-year-old children to enhance the quality of their services for younger children. This "Standards of Care" initiative is voluntary, but satisfactory completion results in public recognition and website posting of those programs which met the standards.
- In Massachusetts, state guidelines clearly outline the representative make-up of the local Community Partnership decision-making body, and mandates sign-off of funding proposals by child care, Head Start, and public school members of the Council. Roles and responsibilities of the council and fiscal agent are all delineated in the technical guidance.[34] State Department of Education staff are available to provide technical assistance, and often attend local Council meetings to monitor progress.
- In Ohio, Head Start grantees with Head Start/Child Care Partnerships are making staff available for on-site visits and ongoing support to assist child care providers in understanding and meeting Head Start Performance Standards. State agencies also bring diverse local providers together through jointly sponsored workshops and conferences on barriers and expectations for collaboration, and on professional development.

States are also accessing the resources and technical assistance available from the U.S. Administration for Children and Families (ACYF) Regional offices and from the QUILT (Quality In Linking Together) technical assistance program, an initiative of the Child Care Bureau and Head Start Bureau in the U.S. Department of Health and Human Services to facilitate collaboration between child care and Head Start programs. State policymakers are working with Regional offices to determine whether perceived barriers to collaboration are real and permanent. QUILT staff have worked with many states to organize conferences on program partnership issues, develop goals, and facilitate collaboration.

Massachusetts and Ohio are allowing new local flexibility in use of funds to increase coordination.

- In Massachusetts, the Community Partnerships for Children initiative has developed an infrastructure of community councils that have brought together the local representatives of the early care and education systems to assess local needs and design appropriate local responses. Although the councils in Massachusetts only have jurisdiction over Community Partnerships for Children funds, they are required to work with the major local early education interests, and thus many councils have been able to work across programs to better assess local needs (e.g. supply/demand, ethnic populations, transportation issues), leverage funds, and avoid duplication of services.
- Ohio also encouraged state-funded Head Start grantees to direct funds to local child care partners by allowing funds for this use and distributing information on potential model approaches to partnership agreements and relationships.

Challenges/Responses

E. Tracking Progress and Measuring Results

1. Challenges:

With growing amounts of federal and state dollars targeted for early education purposes, policymakers and the public are likely to demand a better picture of how funds are being spent and what child outcomes may be changing as a result of program participation. Two key issues here concern weak

Table Seven. Tracking Progress and Measuring Results

Challenges	Responses
Current data systems are not adequate to provide a picture across early care and education systems and initiatives.	• Increasing cross-cutting analysis capacity and upgrading data systems • Analyzing available data and publishing reports to better describe the state of early care and education across program types and funding streams • Basing new initiatives on available data and requiring baseline community needs assessments
Substantive evaluations of program implementation and subsequent child outcomes are only beginning to emerge and rarely cut across program types in the early care and education system.	• Building in process or outcomes studies specific to the focus of the early education initiative • Expressly measuring child outcomes across early education program types

current data collection and analysis capacity and growing need for more substantive and cross-cutting analysis of early education outcomes measurement.

a) **Current data systems are not adequate to provide a picture across early care and education systems and initiatives.**

State data systems responding to the different priorities and requirements of their own funding streams and eligibility rules have resulted in different systems collecting different data; separate data systems that cannot interact with each other; and, no single or coordinated state-level administrative body responsible for analyzing or managing all the pieces of the data system together.

- **Different data:** Head Start grantees submit program data annually to the Head Start Bureau, including staff qualifications, enrollment, some full vs. part day data, ancillary services provided, etc. Child care subsidy systems using CCDF dollars must submit quarterly data to the Child Care Bureau in the U.S. Department of Health and Human Services regarding child and family eligibility, type of care used (e.g. center, family child care, relative), and hours of care used. TANF reporting requirements only come into play if the service is considered assistance; if the service is considered "assistance," the family is subject to all of the data requirements generally applicable to families receiving welfare; if the service is not considered assistance, there are no federal requirements for individual data collection. However, even for those receiving assistance, the required data elements for TANF differ in various ways from those required for CCDF. State prekindergarten initiatives vary, but some do not collect extensive data on family income and work status due to concerns about intrusiveness with parents.
- **Data systems don't interact:** States are unable to get a complete picture of who is served and where children are, because data systems often cannot merge to determine whether children are served by multiple systems. As illustrated in our discussion above, when one system generates an annual total number served figure, and the other an average monthly figure, it is difficult put data together.
- **No single or coordinated analysis:** Data analysts and managers are also divided according to the separate parts of state early care and education systems. State data on each part are rarely made public, and even more rarely analyzed alongside the data of other early care and education initiatives in the state. This makes it difficult for policymakers to measure need for or success of early care and education initiatives, or get a sense of penetration of the targeted population. For example, how many families with four-year-olds on the state waiting list for subsidized child care were able to access care from some other source? How many children in part-day Head Start or early education programs are actually receiving adequate full-day services through a child care subsidy for the other portion of their day? These fundamental questions remain difficult to answer under current data constraints.

b) **Substantive evaluations of program implementation and subsequent child outcomes are only beginning to emerge and rarely cut across program types in the early care and education system.**

Current evaluation efforts are only beginning to meet policymakers' demands for demonstrated results, and few cut across all the services actually operating in a state. Although national outcome

evaluations are underway for Head Start, and many state prekindergarten initiatives are beginning to take hold, there is no systematic evaluation of the effects of CCDF- funded services on child development. Indeed, it would be difficult to ask the broad question of the effect of CCDF-funded services, since CCDF does not involve a single "treatment;" rather, it is a funding stream supporting a broad range of child care-related services and activities that vary within and between states. While there has been some progress in expanding funding for child care research in recent years, resources to explore the critical issues of how child care assistance affects children and families is still limited. Even where evaluations are occurring at the state level, constraints on resources and lack of scientific methods may limit the ability of researchers to capture reliable results. Both Massachusetts and Ohio have begun efforts to measure program outcomes across program types within a single evaluation project.

2. Responses:

a) Responses to inadequate current data systems.

Our study states are working toward increasing cross-cutting analysis capacity and upgrading data systems.

- As Georgia developed its initiative and a new administrating agency, policymakers also considered methods wherever possible to institute automated processes and regular data gathering from participating programs.
- In Massachusetts, the child care and prekindergarten initiative administrators have worked together to assess overlap between families on the state subsidy waiting list and in the Community Partnerships for Children program.
- In both Massachusetts and Ohio, interagency data projects examined existing systems and identified potential areas where data could or could not be shared or merged.

Massachusetts has analyzed and published available data in order to better describe the state of early care and education across program types and funding streams.

In Massachusetts, the state legislature mandated that the State Department of Education report on the provision of early education services and evaluate which sectors of the population had the most need for services, as well as a requirement to report on "future trends" in early education and care. The resulting report - *Setting a Course for Early Education and Care in Massachusetts: Using Data to Guide Policy Development* - culls Head Start data from the federal Administration for Children and Families, child care subsidy data from the state agency, and Early Intervention program data from the state public health agency. Setting a Course provides insight into how the full capacity of the early care and education system compares to Census estimates for child age groups, as well as an estimate of what percentage of the eligible population is not currently served. The Massachusetts Department of Education also requires collection of "Community Profiles" data from each of its' local Councils. This data - including questions on program and capacity, family demographics, classroom, quality, and facilities - will be analyzed by the state agency and returned to the communities for their own use, as well as analyzed at the state level.

Georgia and Massachusetts are basing new initiatives on available data and requiring baseline community needs assessments.

- In Georgia, program expansion decisions are made based on prioritization of counties according to demographic data on four-year-old children.
- In Massachusetts, each local council must conduct a needs assessment in order to justify their grant application priorities.

b) Response to the need for substantive evaluations of program implementation and subsequent child outcomes.

Our study states are seeking to build in process or outcomes studies specific to the focus of their initiatives. These reports are often required by state enacted legislation and usually reflect the state's principal focus in creating the initiative.

- In Georgia, the state contracts with Georgia State University for a longitudinal study of a sample of children who experienced the Georgia Pre-K Program in order to measure long term impacts on educational success. Some of the key data gathered so far include: characteristics of the kindergarten experiences for former Pre-K children; school readiness and achievement of former Pre-K children in their kindergarten year; and parent perceptions of and experiences with kindergarten.
- In Massachusetts, the State Department of Education contracted with Tufts University to monitor the initial progress of new partnerships and synthesize information about what was and was not working in collaborations at the local level. More recently, the Department has contracted with Wellesley College, Abt Associates and Rutgers University to examine the overall quality and cost of early care and education programs in the state. The evaluators will first select a representative sample of center-based programs, public preschool programs, and family child care homes. Quality will be measured using the Early Child Environment Rating Scale (ECERS), and costs will be assessed through interviews with providers. From this information, the state will be able to develop a snapshot of where children are being served, and the quality of programs they are experiencing.
- Ohio contracted with state university researchers to examine the process of increasing local collaboration between Head Start grantees and child care providers. The state's interagency group also conducted a point-in-time survey of participating programs to understand what providers thought were the major collaboration process issues, and to gain estimates of number of Head Start children served in child care programs and in full-day, full-year care. The state is also conducting a longitudinal study of childrens' progress in all state-funded preschool settings.

Massachusetts and Ohio are expressly measuring child outcomes across programs.

- In Massachusetts, the State Department of Education is developing a system to label individual children and track their progress from early childhood through high school. Children's records will contain data on the specific programs they attended and will be able to match as assessment of early childhood program quality to subsequent child outcomes.

- In Ohio, the state legislature passed a provision in 1998 that state-funded Head Start and Public Preschool programs collect child progress data using a common assessment instrument. The bill required that the Ohio Department of Education develop a set of key indicators of early education performance to be tracked over time. The Indicators of Success project uses specially developed assessment tools to help early education teachers log observational data in every classroom receiving state dollars for these early education programs. All Head Start programs must have access to a selected computer program software for this purpose by July, 2001.[55] Child care classrooms and family child care homes that do not receive the state initiative dollars are not included, however, those which are engaged in partnerships with Head Start or Public Preschool are participating on a limited basis at this time. Researchers are able to analyze the data by school, class, program type, or demographic variables. Teachers may access the data in order to track children's progress, and adjust their strategies accordingly.[56]

III. Recommendations

While we found many promising approaches in our study states (and are aware of others in other states), we believe that states, localities and families could benefit from a federal initiative to support and encourage further and faster state progress. We believe there is neither a political nor a research basis for imposing a single model on all states, and that the diversity of state contexts and state responses underscore the need for an approach that allows for continued state flexibility and innovation. We found that while increased coordination among subsidized child care, Head Start, and prekindergarten takes significant time, planning, and resources on the part of state leaders and providers, it is currently possible. At the same time, a stronger federal role in providing leadership, technical assistance, and resources is essential if there is to be significant movement toward universal access to a structure of early care and education. Based on current trends, we think that over time there will be continued efforts in states to bring together diverse constituencies into broader planning processes, but those processes can surely be accelerated with federal incentives. The ability to plan and map out approaches would be enhanced by federal actions to harmonize data collection reporting across programs and funding streams. And, if state programs are to reach a greater number of families and children, additional federal resources are essential.

To this end we recommend federal legislation which would include the following key components:

1. **Every state should establish an Early Care and Education Council**, with required representation from the state child care agency, the state department of education, child care providers, the state Head Start Collaboration Office, the Head Start Association, the public school system, the state child care resource and referral agencies, parents, employers, and other relevant agencies and community representatives. Statewide councils already in existence might be appropriate to carry out this recommendation. The early care and education community should be actively involved in state and local efforts to create a more cohesive early childhood system.

2. **The Council should conduct an Early Childhood Review, assessing all needs and resources for early childhood education in the state.** In the Review, states should assess their needs and resources across early childhood programs, including who is served with Head Start, prekindergarten and child care funding, what supports are available to each type of program and where are the gaps in services across the state. In addition, the Council should review state laws and procedures and develop recommendations to maximize opportunities to blend funding and partner across programs to meet system goals.

3. **Based on the Early Childhood Review, each state should develop a multi-year State Strategic Plan,** specifically identifying goals for developing a system of universal access to early care and education services for all families, and specifying the action steps to be taken toward accomplishing those goals. The plan should address:

   - Which children and families would be served, and if any phase-in or prioritization would occur (such as implementing prekindergarten for three- and four-year-olds first, and then extending services to other age groups);
   - Whether the system would provide services to all children or broaden access to services among those families based on income or other guidelines;
   - How the system would meet the goals of enhancing school readiness and providing work supports for parents;
   - How comprehensive services would be provided to those families in need of them;
   - How the system would promote educational objectives, and what standards would be required of participating providers and staff;
   - What roles the state and local government and communities would play in decision-making, including consideration of whether to establish Local Early Childhood Councils that could play a role in identifying local needs, planning, fostering communication and coordination among providers, parents, and employers, and making decisions about use of flexible funding sources;
   - How the proposed plan will affect all segments of the preexisting early care and education universe, including those segments that the plan does not foresee providing direct services (e.g. if some providers or age groups of children are to be excluded, are there consequences that must be addressed?);
   - How the initiative will be funded, including federal, state and local commitments; and,
   - How the program and child outcomes of the initiative will be evaluated.

4. **The federal government should provide incentive funds to states to promote universal access to early care and education services in accordance with approved State Strategic Plans.** New federal funds should be made available to states to promote better access to full-day, full-year early childhood programs serving children from birth to age five. As a condition of receiving these funds, states should be required to establish quality standards in key areas such as teacher qualifications, curriculum, and parent involvement. Funds should be available both for the planning process and to expand services and build on existing child care, Head Start, and other existing early childhood programs. The newly authorized Early Learning Opportunities Act could serve as the vehicle for such an initiative.

5. **Head Start expansion should encourage collaboration, full-day and full-year services, and flexibility to serve children under age three.** As more and more families enter the workforce, it has become critically important to promote full-day, full-year comprehensive services, particularly for low-income children. In addition, given the growing demand for care and education for infants and toddlers, expansion dollars should also be used to allow Head Start grantees to serve children under age three.

6. **At the federal level, an *Early Childhood Coordinating Initiative* should be established and should include the U.S. Department of Health and Human Services (Head Start Bureau and the Child Care Bureau), and the U.S. Department of Education.** While Head Start and child care should continue to be administered through HHS, it is important to establish a formal structure involving both HHS and DOE in a systematic effort to address the joint needs across the range of early childhood programs. Other agencies such as the U.S. Departments of Labor and Commerce (Census Bureau) should be asked to join in the initiatives as appropriate. Input from states and communities should help inform this effort.

7. **The Early Childhood Coordinating Initiative should encourage cross-program coordination and collaboration among Head Start, child care, and Department of Education-funded programs.** Those areas should include: technical assistance; literacy promotion; developing and maintaining a qualified early education workforce and high quality programs; coordinated data collection, system integration, and research; and identification of inconsistencies between federal funding streams and rules which have the effect of impeding coordination and collaboration in efforts to provide full-day, full-year comprehensive early education services.

   A. **Developing and maintaining a qualified early education workforce and high quality programs** - Building on existing initiatives in the separate administrations, the Initiative should encourage the development of joint training, increase access to professional development opportunities, and expand technical assistance to programs seeking to improve and to partner across program types.

   B. **Coordinated data collection, system integration, and research** - A common set of data elements should be identified concerning children and families receiving early care and education services, with the same data reporting requirements applied to Head Start, CCDF, TANF, Title I, and any state-funded services counting toward federal match or maintenance of effort requirements. The Initiative should develop a mechanism to assist all states submitting Plans under Recommendation 3 to establish ongoing data collection systems as part of their proposed plans.

   C. **Identification of inconsistencies between federal funding streams and rules which have the effect of impeding coordination and collaboration in efforts to provide full-day, full-year comprehensive early education services** - The Initiative should make recommendations regarding such impediments, for example:

- Head Start eligibility rules could be modified to broaden eligibility for low-income working families above the federal poverty level;
- CCDF eligibility rules could be modified to allow states to pay for child care services without regard to parental work status and to more explicitly broaden state discretion in determining redetermination and change reporting requirements for families once they have been determined eligible. Guidance concerning allowable spending could be clarified to ensure that there was no bar against using CCDF funds in support of comprehensive services;
- CCDF rules could be modified to provide incentives for states to raise their provider reimbursement rates to promote better coordination with Head Start and state prekindergarten efforts; and,
- TANF rules could be modified to make explicit that TANF funds could be used for early care and education initiatives without regard to parental work status and that such services would not fall within the definition of "TANF assistance."

The approach we propose in these recommendations recognizes and builds upon the accomplishments of recent years, the efforts already underway in states, and the simultaneous need for national goals and state flexibility, in support of an overall vision of an early care and education system responsive to both the education of children and work support goals for all families.

End Notes

1. Board of Children, Youth and Families, National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*, Jack P. Shonkoff and Deborah A. Phillips, editors, National Academy Press, Washington, D.C. 2000, 15.

2. Georgia Office of School Readiness website, http://www.osr.state.ga.us.

3. Ohio Head Start Collaboration Office. *Head Start/Child Care Workgroup Survey*, January 2000.

4. See findings of the Carolina Abecedarian Project, the Cost, Quality, and Outcomes Study, the National Institute of Child Health and Development Study of Early Child Care, and for a review of this issue see Deborah Lowe Vandell and Barbara Wolfe. *Child Care Quality: Does it Matter and Does it Need to be Improved?* (Madison, WI: Institute for Poverty Research, 2000) http://aspe.hhs.gov/hsp/ccquality00/ccqual.htm.

5. National Association for the Education of Young Children. *NAEYC Accredited Programs - Summary of Accredited Programs and Programs Pursuing Accreditation*, as of July 15, 2000. [http://www.naeyc.org/accreditation/center_summary.htm].

6. Children's Defense Fund. *State of America's Children 2001* (Washington, DC: Children's Defense Fund, 2001). CDF calculations are based on data from the U.S. Census Bureau and the Head Start Bureau.

7. Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. *2001 Head Start Fact Sheet.* [http://www2.acf.dhhs.gov/programs/hsb/about/fact2001.htm].

8. According to Program Information Report (PIR) data for Head Start, 42.3% of Head Start families needed full-day, full-year child care in 1998-99. If one assumes that the care arrangements described are for those needing full-day care, then in 1998-99, 21% of those reported to need full-day, full-year care were receiving it through a program fully funded with Head Start dollars; 13% were receiving care through the Head Start program using at least some non-Head Start funds but meeting Head Start Performance Standards, 12% were receiving publicly subsidized (but not Head Start-funded) care in a child care home or center; 13% were receiving care at a private fee-for-service child care home or center; and 37% were receiving care at home with a relative or unrelated adult providing care without charge. Stated differently, about 15% of families were receiving full-day, full-year care meeting Head Start Performance Standards. CLASP analysis of Head Start PIR Summary Report data from the 1998-1999 Program Year.

9. Figure One does not include funds spent on early care and education from some smaller federal sources, such as the Social Services Block Grant, Individuals with Disabilities Education Act, Even Start, or 21st Century Learning Centers. See the U.S. General Accounting Office Report, *Early Childhood Programs and Services for Low Income Families* (November 1999) for additional information.

10. Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. *2001 Head Start Fact Sheet.* [http://www2.acf.dhhs.gov/programs/hsb/about/fact2001.htm].

11. Children's Defense Fund. *State of America's Children 2001* (Washington, DC: Children's Defense Fund, 2001). CDF calculations are based on data from the U.S. Census Bureau and the Head Start Bureau.

12. See http://www.acf.dhhs.gov/programs/ccb/policy1/archives/pi9804/chart.htm for 1999 funding data, and http://www.acf.dhhs.gov/programs/ccb/policy1/misc/approp01.htm for 2001 data. Note that actual expenditures for FY99 may exceeded appropriated levels, because a state may spend previous year CCDF dollars in the current year and a state may transfer up to 30% of TANF funds to CCDF.

13. Administration for Children and Families, U.S. Department of Health and Human Services. *New Statistics Show Only a Small Percentage of Eligible Families Receive Child Care Help.* [http://www.acf.dhhs.gov/new/ccstudy2.htm] This study was of 1999 data.

14. See calculations by CLASP, *Use of Temporary Assistance to Needy Families (TANF) Block Grant for Child Care in Fiscal Years 1999 and 2000: Transfers to the Child Care and Development Fund (CCDF) and Direct Spending on Child Care.* [http://www.clasp.org/pubs/childcare/tanfccfy99-00.pdf].

15. Karen Schulman, Helen Blank and Danielle Ewen. *Seeds of Success: State Prekindergarten Initiatives 1998-1999* (The Children's Defense Fund: Washington, DC, 1999).

16. U.S. General Accounting Office. *TITLE I PRESCHOOL EDUCATION: More Children Served, but Gauging Effect on School Readiness Difficult*, GAO/HEHS-00-171 (September 2000).

17. Joint Committee on Taxation. *Estimates of Federal Tax Expenditures for Fiscal Years 2000-2004*, Table 1.— Tax Expenditure Estimates By Budget Function, Fiscal Years 2000-2004 & Table 3.—Distribution by Income Class of Selected Individual Tax Expenditure Items, at 1999 Rates and 1999 Income Levels. [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2000_joint_committee_on_taxation&docid=f:61287.wais].

18. Administration for Children and Families, U.S. Department of Health and Human Services. *New Statistics Show Only a Small Percentage of Eligible Families Receive Child Care Help.* [http://www.acf.dhhs.gov/new/ccstudy2.htm] This study was of 1999 data.

19. See http://www.acf.dhhs.gov/programs/ccb/policy/im0001.htm.

20. U.S. Department of Health and Human Services. *Access to Child Care for Low-Income Working Families*, http://www.acf.dhhs.gov/programs/ccb/reports/ccreport.htm. The study estimated that in 1998, states were assisting approximately 15% of those eligible under state rules, and 10% of those who would be eligible if states elected to set eligibility standards as high as is permitted under federal law.

21. Calculations by CLASP from data from Child Care Bureau website, *FFY 99 Data Table and Charts, Percentage of Children Served by Age Group (FFY 99)* [http://www.acf.dhhs.gov/programs/ccb/research/99acf800/ages.htm] and from *Average Monthly Families and Children Served (FFY 99)* [http://www.acf.dhhs.gov/programs/ccb/research/99acf800/chldserv.htm], 2001.

22. See CCDF FFY 1999 Tables and Charts, http://www.acf.dhhs.gov/programs/ccb/research/99acf800/typepay.htm.

23. In 1999 CCDF data estimate that, 29% of children served with CCDF funds were in legally unregulated care settings. While 56% of CCDF-funded children were served in a center-based setting, it is unclear what percentage of these situations would meet Head Start Performance Standards. See CCDF FFY 1999 Tables and Charts, http://www.acf.dhhs.gov/programs/ccb/research/99acf800/cover.htm.

24. See calculations by CLASP, *Use of Temporary Assistance to Needy Families (TANF) Block Grant for Child Care in Fiscal Years 1999 and 2000: Transfers to the Child Care and Development Fund (CCDF) and Direct Spending on Child Care.* [http://www.clasp.org/pubs/childcare/tanfccfy99-00.pdf].

25. Uncertainty about future TANF funding levels after reauthorization in 2002 and unresolved issues regarding legal restrictions on use of TANF dollars for early education make it unclear the extent to which TANF funds can be a significant future building block for state prekindergarten initiatives.

26. Karen Schulman, Helen Blank and Danielle Ewen. *Seeds of Success: State Prekindergarten Initiatives 1998-1999* (The Children's Defense Fund: Washington, DC, 1999), 16.

27. More precisely, there were 11,274,000 children under age three, 3,797,000 three-year-olds, 3,895,000 four-year-olds, and 3,948,000 five year olds. Statistical Abstract of the United States, 1999, Table 16, available at http://www.census.gov/prod/99pubs/99statab/sec01.pdf.

28. A review of state prekindergarten initiatives found only three that promoted full-day, full-year programming by funding and requiring a specific percentage of programs offer such services (Massachusetts Community Partnerships for Children program was one example). Some other state initiatives encourage partnerships to meet working parents needs, but do not directly fund those hours of early education. See Karen Schulman, Helen Blank & Danielle Ewen. *Seeds of Success: State Prekindergarten Initiatives 1998-1999* (The Children's Defense Fund: Washington, DC, 1999), 128-129.

29. U.S. General Accounting Office. *TITLE I PRESCHOOL EDUCATION: More Children Served, but Gauging Effect on School Readiness Difficult*, GAO/HEHS-00-171 (September 2000).

30. Jennifer Erhle, Gina Adams, and Kathryn Tout. *Who's Caring for Our Youngest Children: Child Care Patterns of Infants and Toddlers.* (Washington, DC: Urban Institute, January 2001).

31. Ibid.

32. Helburn, et.al. *Cost, Quality and Child Outcomes in Child Care Centers.* (Denver, Colorado: University of Colorado, 1995).

33. Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. *2001 Head Start Fact Sheet.* [http://www2.acf.dhhs.gov/programs/hsb/about/fact2001.htm].

34. Child Care Bureau website, *FFY 99 Data Table and Charts, Percentage of Children Served by Age Group (FFY 99)*, 2001. [http://www.acf.dhhs.gov/programs/ccb/research/99acf800/ages.htm]. Calculations by CLASP from data from above chart and from *Average Monthly Families and Children Served (FFY 99)*, 2001. [http://www.acf.dhhs.gov/programs/ccb/research/99acf800/chldserv.htm].

35. See ACYF-IM-CC-01-01, Final FFY 2001 CCDF Allocations and Earmarks for States and Territories, http://www.acf.dhhs.gov/programs/ccb/policy1/current/im0101/im0101.htm.

36. The DCTC provides a credit against taxes owed for dependent care costs for children under age 13 or a spouse or dependent who is physically or mentally incapacitated. Total costs were about $2.5 billion in 1999. The DCTC is structured as an offset against taxes owed, and because low-income families typically don't have income tax liability, it provides no benefit to the lowest income families. The DCAP allows taxpayers to exclude up to $5000 in employer dependent care assistance when determining tax liability. The exclusion applies to both employer provided care and to arrangements in which employees are reimbursed for their own qualifying expenses, often through salary reduction agreements that allow employees to make dependent care expenditures on a pretax basis. Estimated costs in 1999 were $0.4 billion. The DCAP is of more benefit to wealthier taxpayers, since it involves a reduction in taxable income, which most helps those in the highest tax brackets. Thus, while federal law provides about $3 billion of assistance for child care costs through the tax system, none of it assists low-income taxpayers, and none of it directly seeks to address quality of care. For 1999 data, see Joint Committee on Taxation, *Estimates of Federal Tax Expenditures for Fiscal Years 2000-2004*, Table 3.—Distribution by Income Class of Selected Individual Tax Expenditure Items, at 1999 Rates and 1999 Income Levels. [http://frwebgate.access.gpo.gov/cgi- bin/getdoc.cgi?dbname=2000_joint_committee_on_taxation&docid=f:61287.wais].

37. This information is based on U.S. Department of Commerce, Bureau of the Census, Current Population Survey data, reported by the U.S. Department of Education in the *Five Year Report Card on American Education*, February 2000. The report also mentioned an alternative estimate based on much different definitions of "low-income." The National Center for Education Statistics (NCES) report, in which preschool participation of children from low-income (under $10,000) families was compared to that of children from high income (over $50,000) families. The 1999 data found that 57% of low-income 3-5 year olds were in a day care center, nursery school, pre-Kindergarten, Head Start or pre-K program, compared to 70% of children from high income families. In 1996, NCES reported 43% of low-income preschool children participating in programs. The data do not indicate the extent to which such participation was full-year, full-time, or what share of participation was currently being funded by governmental assistance.

38. Jeffrey Cappizzano, Gina Adams, and Freya Sonenstein. *Child Care Arrangements for Children under Five: Variations Across States* (Urban Institute: Washington, DC, 2000), Table 1.

39. 45 C.F.R. §§1305.2, 1305.4. "Public assistance" is defined as receipt of benefits or services through the TANF or Social Security Income (SSI) programs. Since TANF-funded services are not limited to cash assistance, and states often have different income eligibility limits for different benefits and services provided, the receipt of TANF can now involve much broader eligibility than was the case under AFDC, the program replaced by TANF. Head Start Bureau guidance states that grantees should consider benefits funded under TANF provided on a regular and not episodic basis as public assistance, making such families potentially eligible for Head Start services. See Head Start Program Instruction [http://www.hskids-tmsc.org/publications/im99/pi99_06.htm].

40. TANF funds may be used in any manner reasonably calculated to reduce out-of-wedlock pregnancies, and several studies have found a reduction in subsequent out-of-wedlock births among participants in high quality early education programs. This would seem to create a possibility of use of TANF funds for early education programs for families without regard to income status, although the federal government has not yet addressed the issue. However, any diversion of funds away from more targeted low-income assistance is likely to be controversial, and a broader use of funds would face the problem, discussed below, of whether such funds were subject to TANF "assistance" requirements.

41. ACYF-PIQ-CC-99-02 (February 9, 1999).

42. Twenty-three states relied exclusively on certificates or vouchers as a provider payment mechanism, as compared to the 83% national average. Two states (Utah and Hawaii) relied exclusively on cash to parents as payment method (compared to a 6% national average). Three states (California, District of Columbia, and Florida) relied significantly on provider grants and contracts to distribute payment, covering a range of 42 to 73% of children served in their states (compared to a 11% national average). CCDF FFY 1999 Tables and Charts, http://www.acf.dhhs.gov/programs/ccb/research/99acf800/typepay.htm.

43. Karen Schulman, Helen Blank & Danielle Ewen. *Seeds of Success: State Prekindergarten Initiatives 1998-1999* (The Children's Defense Fund: Washington, DC, 1999), 37-44.

44. Ibid, 37-44.

45. Ibid, 77.

46. For CCDBG purposes, "categories of care" are defined as center-based child care, group home child care, family child care and in-home care. Each of these categories is further defined in 45 C.F.R. §98.2. As noted above, however, a state may imposes limitations on in-home care.

47. For CCDBG purposes, types of providers include non-profit providers, for-profit providers, sectarian providers and relatives who provide care. 45 C.F.R. §98.2.

48. 45 C.F.R. §98.15(a)(5); 45 C.F.R. §98.30(f).

49. Karen Schulman, Helen Blank & Danielle Ewen. *Seeds of Success: State Prekindergarten Initiatives 1998-1999* (The Children's Defense Fund: Washington, DC, 1999), 77 - 84.

50. Ibid, 85.

51. There is no bar against a state making CCDF or TANF funds available to a Head Start grantee to expand or enhance its services, but the CCDF or TANF agency cannot redirect Head Start funds away from the Congressionally-established purpose and function of Head Start.

52. Policy Interpretation Question (ACYF-PIQ-CC-99-02). HHS clarification says that if the Lead CCDF agency chooses to establish a different eligibility period in order to collaborate with Head Start, Early Head Start, or state prekindergarten programs, a very careful assessment of the actual need for these services should be conducted to ensure efficient use of CCDF funds; HHS policy states that the assessment is to ensure that these services are being offered to parents who need them to support continued workforce participation.

53. As mentioned earlier, parents receiving CCDF subsidies must be given the choice of a certificate. The study states are maintaining the federal commitment for the majority of their CCDF child care subsidy funds: only 3% of Georgia's CCDF subsidies are distributed through contracts; Ohio's system is all certificate-based; and Massachusetts distributes 29% of CCDF subsidies through contracts. CCDF FFY 1999 Tables and Charts,http://www.acf.dhhs.gov/programs/ccb/research/99acf800/typepay.htm.

54. Massachusetts Department of Education. *A Guide to Community Partnerships for Children*, 1998.

55. Ohio Department of Education, Office of Early Childhood Education, *Head Start/Public Preschool Application for Funds*, 1999.

56. Dawn Denno, Indicators of Success Project Director, *The State of Ohio System: For Early Literacy Accountability* (2000).

APPENDIX A

UNIVERSAL ACCESS TO PREKINDERGARTEN:

GEORGIA'S EXPERIENCE

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Center for Law and Social Policy
CLASP
April 2001

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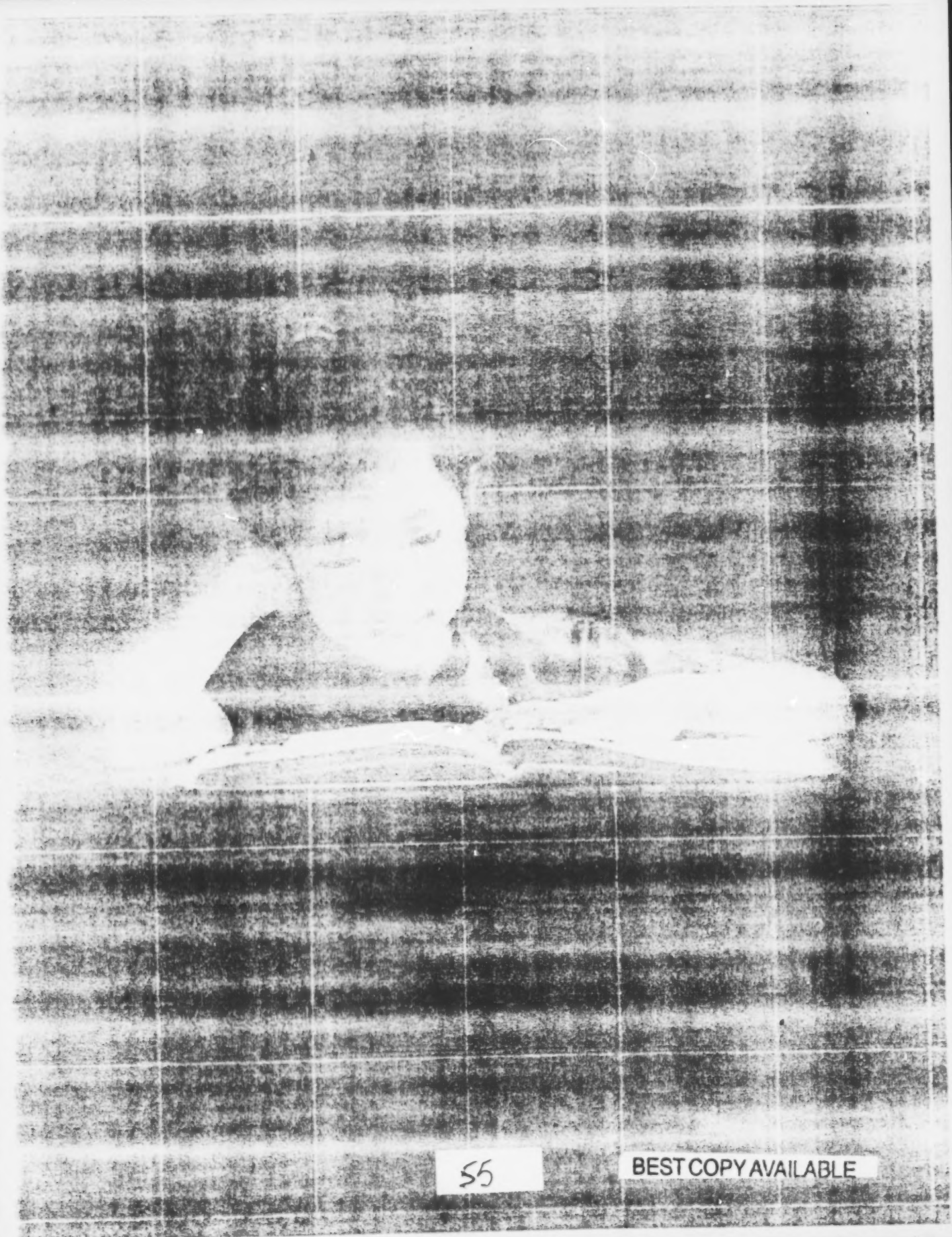

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Introduction

A universal access model of early childhood service delivery has generated increasing interest in recent years. In this model, a state offers early childhood educational opportunities to *all* children in the state, usually limited to a certain age group. The principal focus of this model is most often on school readiness for children, and providing a work support for parents may be a secondary consideration. In order for the state's initiative to be considered truly universal, it must be fully funded and reasonably available throughout the state's geographic regions to all families that are interested in participating. Variations on this model are developing in Georgia, New York and Oklahoma, with Georgia's program the most advanced and only example of this type of initiative approaching universal coverage. Each state is in a different stage of expanding coverage to meet the goal for universal statewide access, with a number of variations in how the model is being implemented.

For example:

- **State Administration:** Georgia created an independent state agency to administer the program, while New York and Oklahoma placed administration within the existing state department of education.
- **Provider Selection:** Georgia administers all the initiative's major funding and policy decisions at the state agency level and makes grants directly to individual providers, while New York and Oklahoma make grants to local school districts allowing them the flexibility to subcontract to private providers if necessary.
- **Funding Mechanism:** Georgia created a state lottery funding stream, while New York and Oklahoma use general state funds.
- **Local Involvement:** The approach in Georgia and Oklahoma includes a locus of planning and policy-making at the state agency level, while New York requires that local school districts create Advisories to conduct planning and implementation of programs.
- **Program Guidelines:** Georgia requires all participating providers to use one of several approved curricula in the classroom, while New York and Oklahoma set more general guidelines for classroom content.
- **Duration of Program:** Georgia's initiative requires programs to operate for six and a half hours a day, while New York requires programs to operate at minimum for two and a half hours a day and Oklahoma allows local school districts to choose to provide either a two and a half hour day or a six hour day. All states require a five day week schedule, and use a school calendar of 180 days a year.

This chapter describes Georgia's experience in creating and implementing its version of the universal access model. The initiative was spearheaded and developed under the leadership of former Governor Zell Miller. It is funded using a dedicated stream from a state lottery that was created by state public referendum. Although the original pilot served only children considered "at-risk," the Georgia Pre-Kindergarten Program (Georgia Pre-K) is now open to all four-year-old children on a voluntary basis. The state offers a school-day, school readiness focused prekindergarten program available to families without cost, and without regard to family income or to whether a parent is engaged in work. A specifically-created Office of School Readiness administers this state-to-local program through grants/contracts to child care, Head Start, and public schools that apply and are able to meet specific and separate programmatic and curriculum standards. The goals of the program are: "to provide a developmentally appropriate preschool program emphasizing growth in language and literacy, math concepts, science, arts, physical development, and personal and social competence."[1] Since 1992, Georgia Pre-K has grown from a pilot program serving 750 children in 20 sites with $3 million in state funding to a statewide initiative serving 62,500 children in over 1600 sites with $225 million in lottery dollars in the 1999-2000 school year.[2]

The Georgia experience provides a useful example of the policy choices and implications involved in the universal access model. This chapter includes:

- A brief description of the context of the state's early childhood system, including child care, Head State, public school, and other early childhood initiatives;
- Historical background on the creation and development of Georgia Pre-K; and
- Details on how Georgia Pre-K works including state administration, provider selection, program description, and data and evaluation efforts.

All data were verified as of December 2000.

I. Georgia's Early Childhood Systems: Some Context

Before offering a detailed description of Georgia Pre-K, this section provides background on the child care system, Head Start, public school, and other relevant early education policies that provide the context within which Georgia Pre-K operates.

A. Child Care

In Georgia, responsibilities for different aspects of the child care system are divided among several agencies and departments. Low income child care subsidies are administered by the Child Care and Parent Services (CAPS) unit in Georgia's Department of Human Resources (DHR). Decisions about spending quality enhancement funds under the federal Child Care and Development Fund (CCDF) are the responsibility of the Georgia Child Care Council, an appointed policy-making body that is "administratively attached" to DHR and was created by state law in 1991.[3] DHR's Office of Regulatory Services conducts licensing and monitoring of child care providers *except* for providers with Georgia Pre-K classrooms, who are licensed by the Office of School Readiness (OSR).

In FY2000, the total budget for low income child care subsidies under CAPS was $173.2 million,[4] as compared with expenditures of $121.2 million in FY 99. Most of the low income subsidy budget involves federal funding through the CCDF and Temporary Assistance for Needy Families (TANF). The budget has grown substantially in recent years. However, total spending for low income subsidies is smaller than the state's expenditures for Georgia Pre-K ($225 million in FY2000).

CAPS subsidies are provided to families receiving assistance, families transitioning from TANF assistance due to employment (during the first twelve months), and other low income families. To qualify, a family of three must have income below $2023/month - roughly 175% of the Federal Poverty Level for 1999. Children up to and including age twelve are eligible, as are certain older children who are incapable of self-care or under court supervision. In FY99, the average monthly number of children receiving subsidy was 56,411. A substantial share (45%) were children in families that were receiving, applying for, or transitioning out of TANF assistance, but most were children in low income working families that had never or not recently received TANF.[5] Since 1991, the number of children served in an average month has more than doubled.[6] However, a waiting list still exists, with 7,433 families on the waiting list as of April 2000.

To establish eligibility for a subsidy a family must apply to the local Department of Family and Children Services (DFCS) office. DFCS offices administer the program at the county level, including certificate management and reimbursement to child care providers. Caseworkers determine family eligibility based on need for care (participation in a state approved activity), income, and residence. Eligible parents receive a certificate that they may redeem with an eligible provider of their choice; the system relies entirely on certificates, and no contracts with providers are used to provide subsidies. Eligible providers include both licensed and commissioned (i.e. church-sponsored) centers or group homes, registered family child care homes, legally exempt centers or group homes, and informal (kith and kin) care providers. Only relatives may provide subsidized in-home care. A parent has three service days to locate a provider that will enroll the child and accept the subsidy as payment. Parents may request assistance from their caseworker in finding care, or the caseworker may refer them to the network of resource and referral agencies with whom the Council and CAPS contract to provide consumer assistance.[7] Every six months, caseworkers reassess family eligibility, with eligibility redetermined every twelve months.

Copayments are required from families with incomes above the poverty level based on a sliding fee scale varying according to family size, income, and number of children in care. TANF applicants and recipients, Food Stamp Employment and Training participants, persons needing irregular part-time hourly care, and children in protective custody have no copayment requirement.[8] The State CCDF plan states that the majority of families pay less than 11% of gross income for copayments for child care, but that the state is currently considering restructuring the fee schedule so that parent fees do not increase based on number of children in care.[9]

Georgia conducted a market rate survey in July 1998 from which CAPS derives the reimbursement rate for subsidized care providers. In DeKalb County (one of the twelve counties in Zone 1, with the highest payment rates), the state's payment rate for full-time care for a 3-5 year old child ranges from $75/week for regulated center-based care to $42/week for informal, unregulated care, with a maximum $47/week payment available for before- and after-school care for school-age children and children participating in the Georgia Pre-K program.

As noted above, DHR's Office of Regulatory Services conducts licensing and monitoring of child care providers except for providers with Georgia Pre-K classrooms, who are licensed by OSR. Office of Regulatory Services licenses child care centers (1,276) and group day care homes (231), and registers family child care homes (6,062). Licensed facilities receive at least one unannounced inspection per year. Registered homes are inspected prior to approval, and each year a random sample of 10% are inspected. Informal providers are not required to have inspections, but if they accept child care subsidies, then they must complete a basic health and safety check with an Office of Regulatory Services inspector and pass a criminal background check.[10] In 1999, the licensing budget was $4 million. According to a General Accounting Office report, in 1999 Office of Regulatory Services licensed 11,207 facilities, employed 49 FTE licensing staff, and had caseloads of approximately 229 facilities per FTE.[11] Most centers are not accredited by the National Association for the Education of Young Children (NAEYC); as of July 2000, 176 Georgia child care centers serving 20,321 children were NAEYC accredited and an additional 164 were in the self-study process to become accredited.[12]

Staff:child ratio requirements are different for four-year-old classrooms that are part of Georgia Pre-K compared to those that are not. For example, a child care center class licensed by DHR's Office of Regulatory Services but not operating Pre-K programs must maintain a ratio of 1:18 (maximum group size of 36) for 4 year olds compared to a 1:10 (maximum group size of 20) in Georgia Pre-K.[13]

As mentioned above, the Georgia Child Care Council administers the 4% CCDF quality funds ($6.3 million in FY2000). According to the State CCDF plan for FY2000-2001, some of the funded activities include: consumer education (e.g. resource and referral, information distribution, promoting parent involvement in child care programs, public education campaigns), grants or loans to providers (e.g. small grants to existing providers to improve quality and to new providers to help them open), monitoring, training and technical assistance (e.g. subsidized programs may receive assistance from experts with whom the State contracts, individuals have access to professional development initiatives, workshops on brain development), and compensation for providers (e.g. the Advancing Careers through Education and Training initiative promotes a suggested career ladder for salaries and qualifications, advocacy for support for the state TEACH project. In addition, the Council funds scholarships for early childhood education and school age child care for low income families with income below 85% of State Median Income and grants for programs to expand to serve infants and other under-served groups.[14]

B. Head Start

In Georgia, thirty-eight Head Start grantee agencies (including eight Early Head Start grantees) are funded through the U.S. Department of Health and Human Services, Region IV.[15] Head Start services are available in 157 of the state's 159 counties.[16] All federal funds go directly to grantees through a continuation grant process. Grantees include 15 Community Action Agencies (CAA), 14 school systems (public or private), and 9 non-profit agencies (non-CAA).

In FY99, the federal Head Start appropriation for Georgia was $118.6 million and 20,540 children participated in Head Start (including 581 Early Head Start participants).[17] The Head Start cost-per-child is approximately $4800. No state funds are directly appropriated for the purposes of augmenting Head Start services. However Head Start agencies are eligible to apply to operate Georgia Pre-K classrooms, and ten grantees do so, with approximately 5000 Georgia Pre-K participants in Head Start settings. In addition, Head Start grantees may contract with DHR and OSR to provide extended day and extended year services for eligible Head Start children.

Georgia's Head Start grantees follow federal guidelines regarding eligibility for services; most families must have income below the federal poverty level. According to the 1998-1999 Head Start Program Information Report (PIR) for Georgia, 19,416 families received Head Start services, the great majority of which (86%) reported annual family income under $15,000. Approximately 29% of the Head Start families received TANF benefits (down from 40% the previous year). Most (59%) had household heads who were working full-time, part-time, or seasonally, and approximately 5% reported that the head of the household was in training or school. A little more than half (54% or 10,713) of the children served by Head Start were four years old. Three-quarters of the children were African-American. Most Head Start families (70%) had a single parent present in the home.[18]

The PIR also provides data on Head Start program administration and staff. Among Head Start teachers and family child care providers, 13% had a degree in early childhood education and 74% had a CDA. No Georgia grantees run double session half-day programs. Around 55% of the children enrolled were in part-day programs of less than six hours in length, and 45% were enrolled in programs offering six hours or more. None offered summer classes with federal Head Start funds.[19]

The PIR data for the 1998-1999 program year reported that 43% (8,343) Head Start families said they has need of full-day, full-year child care. A minority were receiving such care: 1,648 through a full year, full day Head Start program, and an additional 524 through a Head Start program using non-Head Start funds. An additional 4,340 children were experiencing child care arrangements outside of the Head Start agency. Note that the PIR defines full-day at six or more hours, and that children may be counted in more than one category.[20]

A Georgia Head Start Collaboration Office was established in 1993, and is now administered by OSR through a five-year grant (1997-2002) from the U.S. Department of Health and Human Services. The director of the project is currently housed at OSR. The Collaboration Office is working toward three main goals:

- To assist all programs and organizations in the state in building early childhood systems and access to comprehensive services and support for all low-income children and their families;
- To encourage broad collaboration between Head Start and other appropriate programs, services, and initiatives and augment Head Start's capacity to be a partner in State initiatives on behalf of children and their families; and
- To facilitate the involvement of Head Start in State policies, plans, processes, and decisions affecting the Head Start target population and other low-income families.[21]

A number of cross-cutting initiatives are emerging in Georgia related to these goals, often with the participation of the Collaboration Office and representatives of the OSR and DHR. Some examples include:[22]

1. **Head Start Extended Services Initiative:** A collaboration between OSR, DHR and the Collaboration Office to increase the capacity of Head Start programs to offer longer duration services to low-income families in work or training.
2. **Head Start Strategic Planning Initiative:** The Georgia Head Start Association developed a statewide strategic plan for Head Start services in Georgia. The four strategic objectives are: professional development, licensing, accreditation, and extended services.
3. **Head Start Licensing Initiative:** Georgia does not require federally funded Head Start programs to meet state child care licensing health and safety standards. This initiative seeks to assist local programs in meeting licensing standards. In 1999, twenty-five Head Start programs became licensed. By December 2000, 171 Head Start programs became licensed.

4. **Joint Training of Family Support Workers:** OSR and Head Start have developed a joint training initiative for each of the programs' family support staff.

5. **Joint Efforts to Increase Professional Development:** OSR, DHR, the Georgia Department of Technical and Adult Education, and other partners created a Professional Development Initiative to expand access to degree programs for early childhood staff.

6. **Georgia Head Start Quality Initiative:** Since 1994, this statewide training and technical assistance initiative has received funding from the federal Region IV office to help prepare grantees to become accredited with the NAEYC. As of March 2000, 79 Head Start centers were accredited.[23]

C. Department of Education (DOE)/Public School Programs

Georgia's DOE did not have extensive involvement in prekindergarten programs before the beginning of Georgia Pre-K, although some activities occurred through Title I funding. For first few years (1992-1996), Georgia Pre-K was administered by the Early Childhood Division of the state DOE, under the domain of the elected State Superintendent of Schools. In early 1996, the OSR was created as an independent agency to administer Georgia Pre-K.

II. Historical Background on the Development of Georgia Pre-K

The Georgia Pre-K program in its earliest stages was a simple idea floated as part of the political platform of gubernatorial candidate Zell Miller, but has now developed into a popular and established statewide early education program.[24] In 1989, gubernatorial candidate and sitting Lieutenant Governor Miller proposed the creation of a state lottery that would fund only education initiatives, including a voluntary preschool program for four year old children. Candidate Miller highlighted Georgia's low ratings for academic expenditures and student achievement as compared to other states. The Lottery for Education figured prominently in the campaign debate, attracting positive and negative attention from the press, pundits, religious and business leaders, and the public. Detractors were concerned about issues such as the implications of state-approved gambling, state involvement in regulating early care, whether a lottery funding stream would be sustainable, and how funds would be allocated. In addition, some public education interest groups feared that lottery funds would displace current state funds. In response, Miller proposed that lottery generated funds would be controlled directly by an independent commission reporting to the Governor, and that some funds would be used to treat compulsive gamblers.[25]

After winning the election, Governor Miller continued to press for legislative approval of a bill to establish a Georgia Lottery for Education. That bill passed in 1991, and a subsequent public referendum (required by state law) establishing the lottery funding stream through an amendment to the state Constitution passed with 52% of the vote in November 1992. The Georgia Lottery for Education officially opened in June of 1993, with funding earmarked for voluntary preschool, technology improvements in public schools, and the Hope Scholarship Program to help students attend post-secondary education.[26]

Like the political process, the development of Georgia Pre-K took time and several stages. Governor Miller authorized Georgia's DOE to develop and implement a plan to carry out his campaign promises. DOE's Early Childhood Division convened an advisory committee of stakeholders in early education to help design a pilot program. In September 1992, the first pilot program opened for enrollment, using $3 million from the education budget (the lottery had not yet begun). In the first year, the pilot served 750 four year old children in 20 diverse sites. Some of the main pilot program features included:

- ✓ **Eligibility for "at-risk" children only:** At-risk was defined as eligible for Medicaid, Aid to Families with Dependent Children, the Women, Infants, and Children Nutrition Program, other nutrition programs, subsidized federal housing, and other referred families.

- ✓ **Required local coordinating councils:** Councils developed applications, and had to include representation from a parent of a child enrolled in the program, the local DFCS office, health department, and board of education. Councils were encouraged to include other local early care and education providers.
- ✓ **Open competition for program funding:** Applications had to demonstrate community need. Councils were to determine how to serve children among the array of available local settings, including public schools, Head Start, private not-for-profit centers and family child care homes.
- ✓ **Local match requirement:** DOE asked communities to contribute 30% of the cost of care in the first year and 20% in the second year.
- ✓ **No set curriculum, but curriculum was required to be approved by DOE.**
- ✓ **Staffing requirements:** Personnel working with children had to have a high school degree and experience working with children under age five.
- ✓ **Required support services:** Screenings for health and developmental progress for children and parent support services such as literacy, parent education, and job training were required, along with the employment of a Family Service Coordinator.
- ✓ **Flexibility in determining program duration and length of day:** Program guidelines encouraged applicants to consider the child care needs of working parents, but no minimum requirements were articulated.[27]

In the first three years of the program, 1992-1995, DOE monitored implementation, made policy changes, and expanded the program. To encourage collaboration, DOE required Head Start representation on Local Coordinating Councils. As lottery funding became available and grew, the early version of Georgia Pre-K expanded to serve 15,500 at-risk children by the 1994-1995 school session. Cost per child expenditures increased, perhaps in part due to the DOE decision to rescind the local match requirement by the third year of operation.[18] Per child average costs grew from $4,253 to $5,032 per child.[28]

Significant changes occurred in 1995, moving Georgia Pre-K from a targeted to a universal program, and from DOE to the independent OSR. Early in 1995, Governor Miller (reelected to a second term) announced that Georgia Pre-K would become open to all four year olds in the state regardless of family income. Lottery funds were greatly exceeding expectations and there was growing interest in the program from parents of children who were not then income-eligible.[29] The Governor and his advisors believed a universal program would secure the future of Georgia Pre-K among a broader constituency. As DOE staff prepared for an influx of new applications from providers and parents, the need for more resources became apparent. Miller proposed that Georgia Pre-K be administered by OSR.[30] As part of this proposal, licensing authority for all facilities receiving Pre-K funds would be moved to OSR as well. The legislature approved the creation of OSR in 1996.[31] The new office was established in April 1996 under the leadership of appointees directly responsible to the governor. In that first year of universal services, Georgia Pre-K went from serving 15,500 to 44,000 children.

Since 1996, Georgia Pre-K has grown to serve over 62,900 children with $225 million in lottery funds in the 1999-2000 school year. The average cost per child has fallen to $3,580.[32] OSR has implemented a number of key changes to the Pre-K program, including:

- ✔ Provided for equal access of private providers and public schools to OSR contracts;
- ✔ Concluded ability of family child care homes to receive Georgia Pre-K funds;
- ✔ Eliminated required community coordinating councils;
- ✔ Ended requirement that Georgia Pre-K programs provide family support and screening services, but allowed programs to apply for separate grant funds to do so depending on proportion of at-risk children in the program;
- ✔ Developed standards for teacher qualifications and linked higher state payments to programs with more qualified teachers;
- ✔ Mandated that providers must choose among a set of curricula; and
- ✔ Required a minimum length of day and year.

Georgia's initiative has attracted much attention. In November 1997, Georgia Pre-K won an Innovations in Government Award from Harvard University's Kennedy School of Government. Current Governor Roy Barnes has pledged continued support for Georgia Pre-K.

III. Key Dimensions and Choices in Georgia Pre-K Policy

Key Dimension/Choice	Georgia Policy
Which specific age group is included?	Four year old children.
Intent to reach all or some of this group?	All children are eligible for services without cost to the parent and regardless of family income.
What is the balance between goals of school readiness for children and work supports for parents?	School readiness is the central goal, with some recent efforts to coordinate with the subsidized child care and Head Start systems to extend hours of care. Required minimum duration of program is 6.5 hours for 5 days a week, 180 days a year.
Principal focus on educational competence and/or comprehensive services?	Educational competence with some providers eligible to apply for additional funding to offer comprehensive services to at-risk families.
How is educational competence enhanced?	OSR sets certain learning goals and quality standards and stipulates that programs follow one of a set number of curricula in the classroom.
What are the state and local roles?	State agency to local program grants.
Relationship to pre-existing Head Start, child care, and public school programs?	OSR makes grants to existing programs that can meet program standards and guidelines. Family child care homes are not eligible.
Relationship of the initiative to other parts of the early education system?	OSR sets its own standards and regulations. OSR provides some guidance and TA to non-four year old classrooms in an approved Pre-K program, but some are concerned about the quality differences between approved classes and non-participating classes.
How is the initiative funded?	State lottery funds of approximately $225 million in the 1999-2000 school year.

IV. The Georgia Pre-K Program: How It Works

A. State Administration

Georgia Pre-K is administered at the state level by OSR, an independent agency reporting directly to the Governor. Enabling legislation authorizes OSR to administer the operation and management of voluntary prekindergarten, certain necessary preschool and child development programs, and any federal funds relevant to these functions, as well as provide assistance to local units of administration to ensure proliferation of services.[33] Under this authority, OSR oversees Pre-K, licensing of Pre-K providers, federal funding for the Child and Adult Care Food Program and the Summer Food Service Program and a set of other initiatives.[34] In each of these endeavors the agency works directly with local providers to implement state policies and federal funding streams. OSR has developed detailed guidelines to assist participating Georgia Pre-K providers in implementing key policies and procedures.

B. Becoming a Georgia Pre-K Provider

To become a Georgia Pre-K "child care learning center," a program must apply to provide Pre-K services and be approved by OSR staff. The application process begins in January of each year, when applications are released and current providers in good standing receive a renewal contract. New applicants and current providers who wish to expand submit applications by late February, and award decisions are made from April to August for the school year beginning in August/September.[35] OSR accepts applications from new providers and previously approved providers who wish to expand. Expansion may occur only in: 1) targeted counties - where less than 50% of four year old children are currently served by Pre-K and Head Start, or 2) counties experiencing rapid growth - as measured by school enrollment, census, or other data.[36]

The application to become a Georgia Pre-K provider has been streamlined by OSR to simplify administrative requirements.[37] It requires applicants to:

- ✔ Describe the content of what will be provided during the 6.5 hours of instructional time, including class activities and schedule;
- ✔ Describe the expectations for participating children at the end of the 180 day program;.
- ✔ Include a photo of the proposed Pre-K classroom and the front of the building;

- ✔ Indicate which of the seven approved curricula will be used (or submit a locally developed one for approval);
- ✔ Provide proof of DHR licensure and approved child care space capacity; and,
- ✔ Provide proof of incorporation from Georgia's Secretary of State.[38]

Since OSR receives more applications than may be approved, the following priorities are set in determining funding allocation: 1) Continuation classes; 2) New classes in targeted areas; 3) Expansion classes in targeted areas; 4) Classes in areas of demonstrated need, e.g. areas with waiting lists, population shifts or growth, areas that are geographically isolated; and 5) Classes awarded after school starts and stabilizes.[39] In addition, the agency sets priorities for applications for classes in targeted areas: 1) New programs never having received a Pre-K contract; 2) New site locations by current Pre-K providers who want to open classrooms in another county; 3) Expansion classes by current Pre-K providers in the targeted area; and 4) Current Pre-K providers who have resolved any probation issues and are now in good standing.[40]

OSR weighs these considerations in making awards, along with a few other issues outlined in the application guidelines. For example, OSR takes into account existing programs in the applicants' area of operation, especially Head Start, so that over-funding does not occur in an area. OSR does not usually award expansion grants to Pre-K sites that already have three or more classrooms. First year programs are usually awarded no more than one classroom. Finally, OSR reviews an applicant's record with the regulatory staff at DHR to ascertain whether the program has been compliant with basic health and safety rules.[41]

Upon approval, Pre-K providers must agree to run their classrooms according to their approved plan. In addition, they must sign a list of "assurances" agreeing to a set of basic statements about the program standards.[42] To remain in good standing, providers must meet program and data reporting requirements, maintain full enrollment, and meet child care licensing regulations where necessary.[43] Programs with unresolved issues do not receive an automatic renewal contract in January and must reapply for funds. Lack of program quality, licensing violations, and fraud will prevent a provider from receiving renewal approval. An appeals process is available.[44]

A separate, voluntary process is available for child care learning centers that wish to employ a resource coordinator to provide comprehensive family support and coordinate health screenings for "Category One" families in an approved Pre-K program. Category One children are children eligible for and participating in one of the following programs: Medicaid, TANF, Food Stamps, or SSI. Children who receive free and reduced price meals under USDA funding may also be considered Category One if proof of income eligibility is available and kept in the learning center's files.[45] The resource coordination grants are competitive, and OSR uses the following guidelines to determine awards:

- ✔ Quality of service delivery plan;
- ✔ Linkages to other collaborative initiatives in the community;

- ✔ Education and experience of Resource Coordinator(s);
- ✔ Proposed plan to collect data and evaluate outcomes; and,
- ✔ Budget proposal - Number of children served as compared to expenditures.[46]

C. Description of Georgia Pre-K Program and Activities

In the 1999-2000 school year, 970 Georgia Pre-K "child care learning centers" enrolled 62,500 children (including 30,000[47] Category One children) in over 1600 Pre-K sites throughout the state.[48] Together, Georgia Pre-K and the Head Start program (with approximately 13,000 four year old children) reached 70% of four year old children in the state.[49] State officials indicate that while there are waiting lists at specific sites, Georgia Pre-K slots are usually available at another site in the area. As a result, some parents cannot get the program location that is their first choice.

According to the Pre-K Providers' Operating Guidelines for 1999-2000, all approved child care learning centers must operate as follows[50]:

- ✔ **Eligible Children:** All resident Georgia children who are four years old by September 1st are eligible for Pre-K. Enrollment must be open and nondiscriminatory. Category One children receive no preferential treatment in access to slots.
- ✔ **Eligible Service Providers:** Pre-K services are provided by public/private elementary schools, public/private secondary schools, postsecondary vocational technical institutes, private and state colleges, private non-profit and for-profit child care learning centers, DFCS offices, Head Start sites, hospitals, military bases, and YMCA/YWCA's.[51] Most Pre-K classes are with private rather than public providers (1365 public, 1846 private in the year 2000), and most children attend private settings (27,299 public, 36,921 private as of August 2000). In the Georgia Pre-K evaluation, 41.5% of the original sample of children were in public settings, 7.3% were in non-profit private settings, and 51.2% were in for-profit private settings.
- ✔ **Duration:** All programs offer 6.5 hours of Pre-K, 5 days a week, 180 days a year.
- ✔ **Extended Day/Year:** OSR does not require programs to provide services to extend the duration of the program, however many providers put together funding from DHR and/or Head Start to extend the time they can provide services to low income parents. Programs may charge fees for services in excess of 6.5 hours a day, which OSR recommends be no more than $35 - $70 a week for non-subsidized children. OSR and DHR have agreed that children in Georgia Pre-K who are eligible for subsidy will not have to go on the state waiting list before receiving extended day/year care.
- ✔ **Program:** Educational experiences in the areas of language/literacy development, math, science, music, art, and physical development must be provided for at least five hours per day. OSR has developed a set of "Learning Goals" to describe what is meant by the above categories, as well as a "Best Practices Portfolio" with ideas for specific activities to do in the classroom. Use of a grading system is prohibited.

- ✔ **Class Size:** Classes may have 18 to 20 children, with staff:child ratio of 1:10.
- ✔ **Teachers:** Two adults (one lead and one assistant teacher) are required in each classroom. Lead teachers must be 21 years of age and have certification in Early Childhood or Elementary Education OR a four year college degree in early childhood, education or other approved fields OR a technical institute diploma or two year associate degree or Montessori diploma or a Child Development Associate (CDA) or Child Care Professional (CCP) credential. The state is phasing out the CDA and CCP options by requiring lead teachers with these qualifications to participate in degree programs to reach the next level of higher education by 2003. Teacher assistants must be 21 years of age and have a high school diploma or its equivalent, experience with young children, and "proficient communication skills."
- ✔ **Teacher Training:** Each school year, all Pre-K project directors, teachers, assistants, and resource coordinators are required to attend at least one OSR sponsored or approved training tailored for their roles in the Pre-K and/or the curriculum used in that classroom.
- ✔ **Curriculum:** Approved choices for classroom instruction are Bank Street, Creative Curriculum, High/Scope, High Reach Butterflies, High Reach Framework, Montessori, Scholastic Workshop, or an OSR-approved curriculum developed at the local level.
- ✔ **Licensing:** All private child care center-based programs must be licensed by the regulatory division of OSR. Local school system programs are not licensed by OSR.
- ✔ **Parent Fees:** No fees are charged for the basic 6.5 hours of instruction per day, but providers may charge Category Two families for food, transportation, or extended hours if provided. OSR recommends those fees be no more than $35-70 a week for paying parents. Category One families eligible for DHR child care subsidy must pay a fee based on the sliding fee scale for the part of the day that is funded by DHS. Category One children may not be charged fees for food, transportation or any other services provided under the supervision of the resource coordinator.
- ✔ **Parent Participation:** Parents are encouraged to volunteer in the classroom and attend parent-focused activities if organized by the provider; at least two parent-teacher conferences must be offered per school year.
- ✔ **Transportation:** Services may be provided at the provider's option; OSR reimbursement is available for Category One children at the rate of $150 a year.
- ✔ **Health Services:** All participating children must be up to date on immunizations and eye, ear, and dental screenings within 90 days of beginning Pre-K. Only providers with a Resource Coordinator receive funding to assist families with Category One children in meeting these requirements.
- ✔ **Resource Coordination Services:** If the provider has a grant, services coordinated include: health, child development, community resources (upon request) and kindergarten readiness. Separate data gathering and documentation requirements apply to these services.

To provide these services, programs receive their grants in ten payments from September to June based on number of children enrolled and the credentials of their teachers. For example, a program will be required to repay some amount if actual enrollment is 10% or more below the projected numbers in the approved plan. Private programs must agree to auditing and accounting requirements. Start up funds for new programs are available in the amount of $8,000 per classroom.[52] The 2000-2001 annual rates for 180 service days for private and public providers are as follows[53]:

OSR Annual Payment Rates to Providers Per Child Enrolled (differentiated by public and private[54], metro and non-metro)

Lead Teacher Credential	Private Sector Annual Rates Metro Atlanta/Rest of State	Public Sector Annual Rates Single State Rate
Certified	$3387.60/$3075.12	$3020.04
Bachelor of Science/Art	$3050.28/$2737.44	$2589.84
Associate of Science/Art Vocational Degree Montessori Degree	$2846.16/$2533.68	$2385.72
CDA/CCP	$2642.40/$2329.56	$2181.96

In addition, Georgia Pre-K providers are currently required to pay their lead teachers, assistants and full-time resource coordinators[29] a specified minimum salary for 180 instructional days of service as of the 2000-2001 school year. This policy setting minimum salary is in part a response to findings from a 1997-1998 school year evaluation which found evidence of a 45% turnover rate among some teaching staff.[55]

OSR and Georgia Department of Human Resources have developed an annual agreement to assist low-income families needing full-day services. Under the agreement, DHR agrees to waive waiting list policies for otherwise eligible Pre-K families needing before/after school/extended day care, and to reimburse providers for the charge for such care, up to DHR's maximum reimbursement rates. OSR, in turn, provides funding to DHR which can be used to match federal CCDF funding in order to provide for the funding of subsidy slots for participating families; in addition, OSR agrees to notify Pre-K providers that they should provide interested families with referral information and assist families with completing the form.

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In addition to funding requirements, OSR has created several initiatives intended to support and enhance the quality of services delivered both in Pre-K classes and other classes in Pre-K provider sites:

- ✓ **Technical Assistance/On-Site Visits:** OSR consultants are available to assist providers with questions and program design issues, as well as conduct random on-site visits including at least one formal evaluation per year. OSR staff use a protocol "Instructional Visitation Checklist" during the random visits to standardize the key aspects of programs that are reviewed.
- ✓ **Standards of Care Initiative:** OSR staff works with Pre-K providers who also offer care to infants and toddlers to provide technical assistance to staff working with children birth through age three. The agency also released detailed standards for meeting social and cognitive development goals for children in different stages of growth from birth to 48 months, along with suggested activities for caregivers.[56] OSR awards "Centers of Distinction" recognition to outstanding programs. At least 75 learning centers have received this distinction so far, and approximately 400 centers have worked with OSR staff on quality enhancement for services to infants and toddlers.[57]
- ✓ **Training/Education Partnerships:** OSR is working with Head Start and DHR's Infant-Toddler Initiative to develop partnerships in the area of mentoring. OSR is also working with the Georgia Early Learning Initiative and a host of other state and federal agencies and educational institutions to increase opportunities for child care staff to attain degrees in early education. In addition, OSR is working on several quality enhancement projects through connections with the Head Start State Collaboration project, as mentioned above in the Head Start description of activities.[58]

D. Evaluations and Data Collection

To capture information that described and assessed the Georgia Pre-K program, the state sponsored an initial study of the 1993-1996 program for at-risk children only. This evaluation was suspended as the program expanded to include all age-eligible children. Currently, OSR is in the midst of a twelve-year longitudinal study of Pre-K outcomes.

Between 1993 and 1996, Georgia State University conducted a longitudinal study of a host of outcome measures of 315 at-risk children as compared to a matched sample of non-enrolled children. At the end of their first year of kindergarten, the children's ratings as to their development tended to be higher than the matched sample. In addition, ten academic achievement tests were administered on which the Pre-K children outperformed the matched sample. Members of the comparison group also were absent 26% more days than the children in the Pre-K classes. Parents of participating children who were surveyed gave high marks to the experience for their children.[59]

As OSR has rolled out Georgia Pre-K to serve over 60,000 children in the state, the agency has also sought to ensure that certain program and child data be collected. All participating providers are required to track and keep on file information regarding enrollment, their students' immunization schedules, basic

student developmental progress, and any activities (such as screenings and treatment) provided under the auspices of the resource coordinators.

The longitudinal research began in 1996 and is being conducted by Georgia State University, School of Policy Studies, Applied Research Center. The study is tracking a cohort of over 3,000 children who completed one year of Pre-K participation in 1996-97, with the intent to document any effects of the Pre-K program and subsequent educational experiences on school achievement and attainment.

Reports from the first three years of the study are available, reflecting analysis of data through the completion of first grade for the cohort. The research methodology does not involve random assignment and, to date, has not involved comparison of participants and non-participants. Rather, the researchers collected baseline information concerning the nature of the Pre-K classes and teachers, and will seek to identify how variations in Pre-K and subsequent school experiences correlate to subsequent outcomes. In particular, the researchers have identified distinctions between teachers categorized as "child-centered" or "directive." Child-centered teachers are described as teachers "who facilitate children's social and emotional development along with cogni ive development by extending the children's natural interests into learning and growing experiences." In contrast, more directive teachers "exert greater levels of control over the children's activities and tend to have more organized activities for the entire class with the teacher leading the activity." A third category, classified as "conflicted" evidence differences between their beliefs and practices, most often believing in child centered instruction but organizing instruction in a more directive way.

The first report was on Program Implementation Characteristics in the 1996-1997 School Year, with results in the areas of : 1) beliefs and practices of lead teachers and directors; 2) the developmentally appropriate practices of teachers; 3) the curriculum implementation integrity of teachers; 4) the social climate at the Pre-K sites; 5) teacher satisfaction; 6) resources in the classrooms; 7) parent-staff interactions; 8) parent satisfaction.[60] Key findings included:

- ✔ Most lead teachers (85%) had college degrees, and most (74%) had state certification in a relevant early childhood field of study, with an additional 10% holding either a CDA or Child Care Professional credential. (35% of those in private settings, and 3% of those in public settings, were not certified.)
- ✔ A field investigation including on-site observations of facilities, equipment and play areas concluded that "the classroom environment of most Georgia Pre-K classrooms is extremely hospitable to both teachers and children."
- ✔ Most parents had unscheduled meetings with staff at least once a week; met with teachers during and after school hours at least once a month, and knew the Pre-K teacher's qualifications. Most parents said that staff discussed an educational activity or strategy with them, and said that the amount of time they spent playing or working with their children increased as a result of the Pre-K program. Most parents said the way they worked with their children changed as a result of Pre-K. Rating Pre-K on a scale from 1 to 10 (with 10 being highest), the average parental rating was 9.06.

In the second year (1997-1998), the researchers analyzed three main areas: 1) characteristics of the kindergarten experiences for former Pre-K children; 2) school readiness and achievement of former Pre-K children in their kindergarten year; and 3) parent perceptions of and experiences with kindergarten. Some key findings were:

- ✔ 99% of the former Pre-K children went on to public school for kindergarten, although 59% of these children had attended private child care learning centers for Pre-K.[61]
- ✔ 44% of kindergarten teachers believed that the presence of Pre-K had enabled them to change their teaching methods.[62]
- ✔ Kindergarten teachers' ratings of children's skills in 15 identified areas according to a seven-point scale improved in all areas over the course of the school year.[63]
- ✔ Kindergarten teachers rated 44% of former Pre-K children as "very good" or "extraordinarily good" in terms of school readiness, and only 16% as "poor" or "very poor."[64]
- ✔ 94% of the former Pre-K children were recommended for promotion to first grade[65]

At the end of their kindergarten year, only 11% of former Pre-K children were rated below average by their kindergarten teachers in terms of first grade readiness.[66]

Key additional third year findings relating to Pre-K[67] included:

- ✔ First grade teachers rated 55% of Pre-K children as above average (good to extraordinarily good) on measures of first grade readiness (considering both academic and behavioral skills), with an additional 21% of Pre-K children rated as average. By the end of first grade, 70.5% of Pre-K children were rated above average, and an additional 13.5% were rated as average on preparedness for second grade.
- ✔ Controlling for other characteristics, the strongest influences on childrens' skills and readiness in first grade were pre-academic abilities before entering Pre-K. Children who had been taught by conflicted teachers scored less well in readiness for first grade; Children taught by directive teachers demonstrated worse social behaviors than those taught by child-centered teachers, and also performed slightly less well (though not at a statistically significant level) in other skill areas.
- ✔ Having participated in Pre-K with a teacher with a CDA was associated with increased first grade readiness, but the impact declined for CDA teachers with additional years of experience. The impacts of teachers having attained an early childhood education certification as compared to other college graduates were not statistically significant, though certified teachers had more positive effects in classrooms with less advantaged children.
- ✔ Children who transitioned to kindergarten at the same site as Pre-K (i.e., children whose Pre-K and kindergarten settings were both in the public schools) performed better in math and language arts, communicated better, and exhibited more acceptable social behaviors by the end of first grade. These children were also judged more ready for second grade by their first grade teachers.

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- ✔ Two years after their child attended Pre-K, 80% of parents agreed or strongly agreed when asked if their child had progressed in school faster as a result of having participated in Pre-K. Most (73%) disagreed or disagreed strongly with the statement that, "Going to prekindergarten did not have much of an impact on my child's progress in school."

A separate study conducted by the Council for School Performance during the 1997-1998 year found that Pre-K classrooms earned a mean score of 4.66 on the Early Childhood Environment Rating Scale (ECERS), a rating scale from 1 to 7. This mean score is below the ECERS "good" rate of 5.00, but it is above the mean ratings developed from other researchers' samples of non-Georgia Pre-kindergarten classrooms in other studies completed in the early 1990's.[68] The study found no significant differences in the quality of prekindergarten classroom by region, curriculum or organization type (i.e., public, private for profit, private not for profit).

E. Other Early Education Initiatives

Under Governor Roy Barnes, the Georgia Early Learning Initiative (GELI) is beginning to articulate a set of goals and strategies to enhance the state's early learning environments, including those located in homes and informal care arrangements for children birth to age three. GELI is a public/private venture including the resources from the state, the Joseph Whitehead Foundation, United Way of Metropolitan Atlanta, and a number of other foundations and business partners. Soon after Governor Barnes took office in 1999, these partners convened a group of key policy makers and experts in early care in Georgia to discuss initiatives that would enhance brain development and early learning opportunities for young children and better prepare them to be ready to learn by Kindergarten. According to a report issued in September 1999, the GELI initiative recommends six key steps:

1. Raising out-of-home preschool care market standards so that the supply of high quality child care in the state increases as public awareness of its benefits grows (e.g. tiered reimbursement rates for providers, require Head Start programs to be licensed, invest in resource and referral networks).
2. Enhancing professional caregivers' working conditions and capabilities so that they are as effective as possible as preschoolers' first teachers outside of the home (e.g. fully fund the state's TEACH program, enable the provision of health care benefits for early childhood staff, expand opportunities for early childhood caregivers to expand their qualifications).
3. Improving statewide oversight and accountability for all formal preschool care in Georgia so that out-of-home care requirements are consistent, results-oriented and cost-effectively enforced throughout the state (e.g. consolidate management of the components of the system where possible, set outcome and performance measures for preschool, evaluate the need for statewide tracking of preschool services).
4. Enhancing parents' and informal caregivers' capabilities so that they are as effective as possible as their children's primary caregivers and early childhood teachers (e.g. parenting classes in middle and high schools, expand early education resources available through libraries, hospitals and public television).

5. Expanding services that benefit young preschoolers cared for at home so that as many of Georgia's children as possible start school without health problems and ready to learn (e.g. expand existing home visitation program).

6. Supplementing the preschool care system's financial resources so that high quality care can be made available to as many Georgia children as possible as soon as possible (e.g. tax credits for dependent care costs and stay-at-home parents).[69]

It is estimated that the cost of the specific recommendations of GELI would be $110 million annually. If implemented, the recommendations would most likely have an impact on all other aspects of the early care system, including Georgia Pre-K.

End Notes

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7. Georgia Child Care Development Fund State Plan - FY2000-20001, Sections 3.6.2 and 4.1.

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26. Ibid, Chapter 2.

27. Ibid, 21-23.

28. Georgia Office of School Readiness, *Georgia Pre-Kindergarten Program Fact Sheet.*

29. Raden, Anthony. *Universal Pre-Kindergarten in Georgia: A Case Study of Georgia's Lottery Funded Pre-K Program* (Foundation for Child Development: 1999), 33.

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APPENDIX B

THE COMMUNITY PARTNERSHIP MODEL:

MASSACHUSETTS' EXPERIENCE

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Center for Law and Social Policy
CLASP

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Introduction

One model of early childhood service delivery that is emerging across the country is that of the community partnership. Rather than delivering a specific program, such as a defined preschool curriculum or Head Start program to a specific group of children, the philosophy of the community partnership model is to improve and extend early childhood services in a way that meets the needs of the community, within a broad set of objectives set at the state level. Variations on the community partnership model are developing in a number of states including California (Proposition 10, the California Children's Initiative), Florida (Partnership for School Readiness), Massachusetts (Community Partnerships for Children), North Carolina (Smart Start), and South Carolina (First Steps to School Readiness). In each case, funds are provided from the state to local jurisdictions to fund a set menu of activities. However, states may implement this model in different ways. For example:

- **State level administration:** Some states administer the program out of a state agency (Massachusetts and South Carolina) while other states have established a non-governmental non-profit lead agency at the state level (California and North Carolina).
- **Geographic boundaries:** Each state must decide what geographic area would allow for a workable council, using such boundaries as regions based on social service areas, counties, cities or towns.
- **Composition of councils:** Each state sets guidelines for which agencies and constituencies are represented on councils, but these requirements may vary according to the geographic regions covered by local councils (county vs. city/town), which agencies or entities are included in the scope of the planning (e.g. schools, Head Start, private child care, health, licensing, welfare), and whether other private involvement is a priority (e.g. parents, business, other community leaders).
- **Existing and/or new funds included:** Some states empower councils to develop and implement plans to reorganize existing funding (Florida), while others appropriate or make available new funding streams for councils to access (California, Massachusetts, North Carolina, South Carolina).
- **Program objectives and allowable uses of funding:** In each of the states councils are charged with the task of assessing existing local services and developing a plan for addressing what gaps may exist, however each state has a somewhat different statement of goals and objectives of the initiative.

This chapter describes the experience of Massachusetts in creating and implementing one variation of the community partnership model. The program in Massachusetts is called Community Partnerships for Children

(CPC). CPC is a discretionary state-to-local grant program administered by the Department of Education (DOE), Early Learning Services (ELS). Funds are provided to local communities to meet five priorities:

1. Increase the affordability and accessibility of programs for preschool-aged children through the use of the state sliding fee scale. Participating programs should include children with disabilities, and of diverse cultural, linguistic and economic backgrounds. Priorities for recipients of tuition assistance are:
   - Preschool-aged children on the state's waiting list for subsidized income-eligible child care. Parents who are in training or education programs as well as those who are working are eligible for tuition assistance under this priority.
   - All children of working families earning up to 100% of the State Median Income (SMI) (although some families earning up to 125% of SMI may be served).
2. Provide early childhood programs and services that are of high quality and that enhance children's learning. Participating programs must seek accreditation. Scholarships and professional development programs that increase teacher qualifications are also a priority.
3. Provide comprehensive programs and services, such as social, health and nutrition services, family education, and family literacy.
4. Conduct community outreach to ensure that children of families who may be difficult to reach by traditional methods are located and offered an opportunity to participate in a program that meets their needs.
5. Enhance collaboration among families, businesses, community programs and other organizations concerned with children and families to develop a system of early care and education, reduce duplication of services and promote equitable services across public and private domains.[1]

Interested communities must form a planning and policy-making council to select a lead agency, conduct a community needs assessment, and submit a plan to ELS to meet these priorities based on that assessment. Upon approval, the local CPC council receives a grant to carry out the proposal. Educational services may be delivered in public schools, Head Start agencies, child care centers and family child care settings. Of the total number of participating children in the state, not less than a third must be in full-day, full-year programs. The program has grown to operate in 332 of the state's 351 cities and towns, serving around 20,780 children directly in FY00. The state FY2001 budget included $104.2 million for the initiative.

The Massachusetts experience provides a useful example of the policy choices and implications involved in the community partnership model. This chapter includes:

- A brief description of the context of the state's early childhood system, including child care, Head Start, and other DOE early childhood initiatives;
- Historical background on the creation and development of CPC;
- Chart of key dimensions and choices in CPC policy; and
- Details on how CPC works and what activities are funded.

All data were verified as of December 2000.

I. Massachusetts' Early Childhood Systems: Some Context

Before describing the details of the development and operation of CPC, this section provides brief descriptions of the child care, Head Start, and DOE early childhood initiatives that are the context within which CPC's operate.

A. Child Care

The state consolidated all child care subsidy and licensing functions (except for DOE programs) into one state agency in 1997. This new Office of Child Care Services (OCCS) is housed within the Executive Office of Health and Human Services, along with the key departments administering welfare, health, and social service programs in Massachusetts. OCCS administers the state's program under the federal Child Care and Development Fund (CCDF), as well as a significant amount of additional dollars from other federal sources and state general revenues. The total OCCS FY2001 budget was $401.5 million including $79.5 million from CCDF, $92 million in funds transferred from the Temporary Assistance to Needy Families (TANF) block grant, and $139 million in TANF funds spent directly on child care. The principal components of the OCCS budget are as follows:

- $91.7 million related to families receiving or transitioning from the state's cash assistance program;
- $13.1 million informal care for that same category of families;
- $170.2 for income eligible families;
- $47.9 million for children in protective services;
- $10.1 million for teen child care;
- $1.9 million for trial court child care;
- $25 million for child care provider reimbursement rate increases; and
- $41.5 million for such accounts as child care resource and referral, licensing, the children's trust fund, administration and quality initiatives.[2]

According to an analysis by Massachusetts' ELS staff, OCCS funding constituted over half (approximately 56%) of the total early care and education budget (federal and state) in Massachusetts in FY99.[3]

The bulk of OCCS subsidies serve families receiving Temporary Assistance for Needy Families (TANF) cash assistance and transitioning off of cash assistance, and other low income working families. To be eligible for OCCS subsidized child care, Massachusetts families must initially have income no higher than 50% of SMI, but may remain in the system until gross income exceeds 85% of SMI. However, if a family has a child with a disability then they may enter the system with an income up to and including 85% of SMI. Families must have a parent who is working or in training or education, or they may otherwise qualify due to child disability or involvement with protective services.[4] In addition, the state provides funding for child care subsidy to certain teen parents and to families involved with the trial courts. Children up to and including age 12 are eligible, with some extensions for special categories of older children. Families already receiving subsidy are prioritized over other eligible families seeking to enter the system.[5] As of November 2000, there were 16,398 children on the state's waiting list for income eligible subsidies.

Parents receiving a subsidy must pay a copayment to the provider according to a sliding fee scale. In FY2000, OCCS redesigned the scale to include more incremental steps (from 14 to 25) along the income spectrum and to address federal recommendations that families pay no more than 10% of gross income for child care.[6] In 2001, the state plans to eliminate the copayment for families with income under the federal poverty level.

Families who qualify for child care assistance due to TANF receipt or who are transitioning from TANF must establish eligibility for subsidy through a local Department of Transitional Assistance (DTA) office. Other qualifying families may access the subsidy system through OCCS contractors, including both child care resource and referral agencies and contracted providers. OCCS contracts with the child care resource and referral agencies to provide voucher management and assistance to eligible parents in search of subsidized child care. To access a subsidy, families eligible for care due to participation in the TANF program are referred to the resource and referral agencies after being authorized by the local Department of Transitional Assistance.[7]

Massachusetts uses both vouchers and contracts to provide child care assistance to qualifying families. The majority of OCCS child care slots (37,600[8]) are provided through vouchers given to parents who are on or transitioning off of TANF, or who are low income. Through the voucher system, parents bring the voucher to the provider of their choice. The state then reimburses the provider for child care services rendered, according to the state rates of reimbursement. In addition to formal licensed center and family child care providers, parents may also choose an informal (kith or kin) care provider using OCCS subsidies (4,000 children[9]). Some families may also access the child care subsidy system through slots that OCCS contracts directly with 300 providers to hold for qualifying children. Through its contracts, OCCS can further monitor the programs and ensure quality of services. Approximately 13,000 children receive child care subsidy through such income eligible contracted slots, including some TANF/post-TANF families (subject to availability), and families with parents meeting income guidelines and who are working or in education/training.[10] OCCS contracts with family child care systems to provide child care to qualifying families, with systems required to provide participating family child care homes with support services, including assistance on paperwork and finances, trainings, technical assistance, and home visits.

Reimbursement rates are determined according to several factors. Rates for contracted and voucher providers vary regionally, from a floor of the 45th percentile of the market in some areas, to a high of the 75th percentile in others. For vouchers and contracts, OCCS is implementing new payment rates based on a market rate survey conducted in 2000. The legislature appropriated $25 million to increase child care provider reimbursement rates beginning in state FY01. Informal care providers are paid through state dollars at a rate of $15 per full-day of care, and $8 per half day.[11]

According to Census data projections reported by DOE, there were approximately 163,495 three- and four-year-old children in Massachusetts, and around 23,319 OCCS subsidies (vouchers, contracts, and informal care) were available for this age group of children in FY99. These figures allow a rough calculation that around 14% of three and four-year-old children in Massachusetts were receiving an OCCS subsidy. In comparison, the same calculations of the available data for infants and toddlers (birth up to age three) indicate that only 4% were receiving an OCCS subsidy.[12]

OCCS is in the process of developing an online single computer system for determining eligibility of families and availability of slots, while maintaining multiple points of entry into the subsidized child care system. The new computer system will be used by all resource and referral agencies and providers that accept vouchers or have state contracts, and there are plans to link CPC's as well. An "eligibility wizard" aspect of the system will be accessible to help parents determine whether they qualify for subsidies over the Internet.[13]

OCCS oversees licensing of child care centers, family child care providers, Head Start programs, and all privately operated preschools that are located in the public schools. Child care programs that are managed by school departments and located in schools are exempt from licensing. A center subject to OCCS licensing must renew its license every two years and is routinely visited once a year and upon renewal. A family child care home provider must have a pre-licensing visit and must renew the license every three years. OCCS must visit the home again prior to renewal, and may also conduct unannounced visits on an as needed basis.[14] In FY99, OCCS had a state caseload of 14,110 child care facilities, 69 full time equivalent (FTE) employees, and an estimated caseload of facilities per FTE of 204. The state licensing earmark was $7 million in 1999.[15] Informal in-home/relative providers are not licensed, but must submit to criminal background checks in order to receive subsidized children. Both relative and non-relative informal providers must attend an orientation and complete a basic safety checklist and meet basic home safety precautions.

As the lead CCDF agency, OCCS has initiated a number of projects with the 4% quality set aside of the CCDF block grant. According to the state's CCDF plan for FY2000-2001, some of the activities include: consumer education (e.g. OCCS' website, brochures, statewide toll-free referral phone number); grants or loans to providers to meet State and local standards (e.g. involvement in the Child Care Capital Investment Fund, start-up funding to providers with OCCS contracts to increase slot capacity, CDA scholarships for teachers); OCCS licensing and monitoring activities, training and technical assistance (e.g. OCCS contracts with Resource and Referral agencies to develop training and education opportunities and provides assistance to family child care and mentoring associations); compensation for child care providers (market rate survey update); and other activities that are intended to increase quality

and parental choice (e.g. "Invest in Children" license plates with proceeds targeted for a child care quality fund, in-home provider support program, non-traditional hours supply development).[16] OCCS is also leading an effort to investigate options in increasing recruitment and retention of child care staff.

OCCS contracts with a network of agencies that provide child care resource and referral services for an array of services. These agencies are integral to the OCCS effort to collect data regarding licensed and exempt child care programs, and other child care issues. Under the terms of their contracts with OCCS, resource and referral agencies are required to collaborate with CPC boards, and to assist CPC's with training initiatives, data collection, and other technical assistance. The network also conducts special data projects for OCCS; for example, the network is currently conducting a statewide survey on salaries and benefits in licensed child care programs.[17]

B. Head Start

Massachusetts currently has 31 Head Start grantees that are funded and administered through the U.S. Department of Health and Human Services, Region I.[18] Each of these federal grantees is also eligible for supplemental state funding provided by the state legislature and administered through the DOE to improve salaries and expand slots. All federal and state funds go directly to grantees through a continuation grant process. The vast majority of the grantees are Community Action Agencies and other non-profit agencies.

In FY00, federal Head Start funding was $85.3 million and served 530 three- and four-year-old children and 705 infants and toddlers ($78.8 million was for Head Start and $6.5 million for Early Head Start).[19] According to an analysis by ELS staff, this funding level constituted approximately 14% of Massachusetts' total budget, including federal and state funds, for early care and education that year.[20] State Head Start funding was $7 million, which included $5.1 in supplemental funds for salaries and $2 million to serve an additional 450 children.[21] The average cost per child for federally-funded Head Start in Massachusetts is $6,834.[22]

Head Start programs are also eligible for state CPC and child care subsidy dollars. In FY00, Head Start programs received $18 million or 19% of the total state funding available through CPC grants to local providers of services. This figure was almost twice the funding that Massachusetts Head Start grantees receive from the state through the separate state Head Start line-item.[23] OCCS vouchers and contracts with Head Start programs may provide extended-day care to children eligible for OCCS subsidies. Negotiations in 1998 resulted in a new "Head Start Partnership Rate" for vouchers that closely matches the cost per child Head Start grantees are accustomed to receiving from federal funds. FY98-99 Program Information Report (PIR) of the actual enrollment, the majority of the children (56%) were four years old and about a third (36%) were three years old. Approximately 38% the families were receiving TANF benefits (dropping from 51% in the previous year), 68% of the families had heads of household who were working full time, part-time or seasonal, and 13% were in training or in school. About 59% of the families were single parent households.[24] Federal and state supplemental Head Start funds pay for comprehensive services for children including education, health, parent involvement and disability services. About half of Massachusetts Head Start programs continue to be funded as part-day programs.

A Massachusetts Head Start State Collaboration project was established in 1996 through federal funding, and is currently housed in the Executive Office of Health and Human Services. The director serves on the OCCS advisory board. Since initial funding, the project has received supplemental grants to promote professional development, recruitment and retention efforts across the early childhood field and to study and plan for infant/toddler services through the establishment of a statewide collaborative called the Infant Toddler Services Summit. In addition, the collaboration project has been involved in interagency data issues, efforts to develop uniform quality standards, and the promotion of Max Care, a project of the state Department of Health to promote child health.

C. DOE Early Childhood Initiatives (non-CPC)

For the purposes of understanding how other DOE programs may interrelate with CPC, this section describes: 1) other public preschool policy and programs; 2) the Parent-Child Home Program; and 3) the Massachusetts Family Network.

As mentioned in the introduction, Early Learning Services (ELS) is the division within the Massachusetts Department of Education which administers the CPC program, but it also is responsible for a set of other early childhood initiatives. These include CPC ($104.2 million in FY01) and the above mentioned state funding for enhanced Head Start salaries and expansion ($6.8 million in FY01).[25] The Department is overseen by the Board of Education, which has an Early Childhood Advisory Council to advise on policies and programs. In 2000, the state legislature also created an Office of School Readiness within the Department, and placed ELS within this new Office. Other key programs include new state dollars for full-day kindergarten ($28 million in FY01) and expanded dollars for after-school programs ($4.8 million in FY01). According to FY99 figures, DOE is responsible for approximately 24% of the state's early care and education budget.[26]

Most Massachusetts public schools house "preschool" classrooms that may receive state CPC dollars, or may be funded through the local school system and/or federal funding sources such as Title I (this is especially true for the few areas of the state without CPC councils and grants).[27]

The Parent-Child Home Program is a state to local competitive grant program that may be awarded to school districts, Head Start agencies, or OCCS licensed child care programs that are also CPC lead agencies. This is a national home-visiting model for families with children beginning in their 18th month and extending until they enter preschool. The program objectives are:

- ✓ To provide specific skills and strategies to mothers, fathers, and other primary caregivers to support their roles as children's first teachers, and
- ✓ To enhance and support positive parent-child relationships through both direct service and referrals to appropriate family support resources in the community.[28]

The Massachusetts Family Network is also a state to local competitive grant program that may be awarded to school districts, Head Start agencies, or OCCS licensed child care programs that are also CPC lead agencies. It was created as a pilot program under the 1993 Education Reform Act. The

purpose of the program is to promote parent outreach, education and support for families with children birth to age three through better local coordination of available family services as well as the funding and development of new approaches. The four objectives of the Family Network in each community are to:

- ✔ Plan and conduct outreach to families with children birth to age three, including those families that may be hard to reach;
- ✔ Coordinate a system of community family education and support resources and services for such families;
- ✔ Structure opportunities for such families to increase parenting skills, enhance their child's development, take leadership in the community, and develop community and inter-family relationships; and,
- ✔ Evaluate the Family Network and adapt and improve the community's approach.[29]

Massachusetts' Experience

II. Historical Background on the Development of Community Partnerships for Children

The Massachusetts state legislature established the Community Partnerships for Children (CPC) in 1993, building on pre-existing collaborative preschool and special education initiatives housed in the state's Department of Education. The state's School Improvement Act of 1985 (Chapter 188) provided public schools with funds to provide preschool programs for "at risk"[30] children. The development of these programs was influenced by research such as the High Scope/Perry Preschool Project, in which comprehensive, two-year interventions were found to be effective in affecting child outcomes. The state's public schools also had a pre-existing state mandate to provide preschool to children with disabilities. The Department became concerned about the need to coordinate early childhood special education with the Chapter 188 programs in order to be inclusive of children with disabilities. In response, the ELS division was created by merging Department staff focused on special education with those focused on early childhood education. Chapter 188 required local councils (including representation from child care resource and referral agencies, Head Start, and public schools) to address early childhood issues. These changes resulted in significant progress in developing more inclusive classrooms for preschool age children across the state, and convinced ELS staff that merging programs could improve quality.

In the early 90's, the state's leaders became focused on reforming the state's public school system. Issues related to preschool and early childhood education were not central to this reform debate, in some part due to the fragmented nature of the early childhood education system and lack of agreement in the advocacy community as to a solution. At the same time, however, the state Board of Education's Early Childhood Advisory Council was growing more interested in the potential of collaborative local efforts to address unmet needs in early childhood education. Council members had come to believe that lack of early childhood education was a factor in the difficulties some school age children were having on both social and cognitive measures, and therefore very related to the ongoing education reform discussions. In 1992, the Advisory Council conducted a study of policy-making capacity of the existing Chapter 188 Councils and reported positive findings. Along with DOE, this interagency Advisory Council developed plans to restructure the state preschool program to further encourage collaboration and to expand access to quality preschool for children of low income parents. Following up on the results of their research, representatives of the State Early Childhood Advisory Council began to circulate a proposal to the key players working on education reform to rename and revise the public preschool program into the Community Partnerships for Children initiative. Their efforts were successful, and in 1993 the final version of Massachusetts' education reform legislation (which was passed as part of the state's budget) included an additional $6 million for the early childhood program under the Department of Education.

The early version of CPC differed from the current program in some aspects. Building on the Chapter 188 program, the target population was "at risk" three and four year old children and gave existing councils advantage in applying for funding. Budget language stated that only public schools or Head Start grantees could act as lead fiscal agents. In preparation for the FY96 budget, Senate Ways and Means staff examined CPC data and rewrote the enabling legislation so that it targeted working families more specifically (one-third of slots must be full day, full year) and required programs to seek accreditation in order to receive funding. In determining income eligibility for CPC, the legislature was particularly interested in assuring access for those families often left out of subsidized child care systems: families with income between 50 and 100% of SMI. In addition, legislators wished to assure that CPC funds did not supplant other funding sources for child care subsidy, such as TANF. Families eligible for child care vouchers due to TANF status should not receive CPC slots, although they may receive CPC-funded comprehensive services or other types of assistance.[31] Private licensed child care providers were given the opportunity to act as lead fiscal agents in 1996, although the legislature also stipulated that existing CPC's could not change lead agencies without the lead agency's agreement. Also, while pre-1993 public school preschool programs have been folded into CPC, they have also been allowed to continue to serve some non-working "at risk" families with the $13 million that had funded these programs in the early phases. Finally, all CPC's were required to follow OCCS' sliding fee scale for copayments.

Since 1996, the initiative has been further defined and has grown dramatically. The Senate's vote of confidence seems to have allowed not only more funding, but for CPC to be seen as a major preschool initiative for the state.[32] There are currently 168 CPC Councils covering 332 of Massachusetts' 351 cities and towns. (The state has almost no county government system.)The FY2001 CPC budget was $104.2 million out of a total early childhood budget (OCCS and DOE) of $545.7 million, including $391.6 million to OCCS and three other DOE line-items: $6.8 million in state funds to Head Start, $28 million for full day kindergarten, and $4.8 million for after-school. CPC funds flow through DOE, separate from the state's funding streams for child care subsidies and the federal Head Start program.

At this point, CPC funding had been entirely state dollars, allowing more flexibility in design than may have been possible under CCDF (e.g., CCDF funds may not be used for children over 85% of SMI, or for construction and capital improvements except for minor remodeling). Starting in FY2000, however, $20 million of CPC funds were claimed as state Maintenance of Effort dollars for the purposes of the TANF program. Those CPC funds are being used for children that meet the state's definition of needy families (defined as under 100% of SMI), not for families receiving or transitioning from TANF. In FY2001, the legislature replaced approximately 45% of the state dollars used for CPC with federal TANF funds.

The decisions about how CPC funds are allocated are made by each local council. Of the total funds allocated to CPC in FY00, 35% went to private child care providers, 23% to public schools, 19% to Head Start agencies, 11% to family child care providers, 7% to other agencies (social services, mental health, transportation, training and classroom consultants, renovations), and 5% to child care resource and referral agencies.[33]

III. Key Dimensions and Choices in CPC Policy

Key Dimension/Choice	Massachusetts CPC Policy
Which specific age group is included?	2.9 to 5 years old (or kindergarten eligible)
Intent to reach all or some of this group?	Broader access for families up to 125% of SMI, using same sliding fee scale as the subsidized child care system
What is the balance between goals of school readiness for children and work supports for parents?	Both goals are included in CPC objectives
Principal focus on educational competence and/or comprehensive services?	Both educational competence and comprehensive services
How is educational competence enhanced?	Center-based programs must work toward NAEYC accreditation standards and relevant licensing standards; family child care providers must work toward relevant licensing standards and NAFCC accreditation standards or have a CDA or associate's degree. Funds may be used for quality enhancement, professional development, and capital improvement activities.
What are the state and local roles?	Community partnership model. State determines eligibility, copayments, quality standards, and 5 key objectives and requests local grant proposals allowing a menu of activities. Community councils assess local needs and develop plans to meet objectives.
Relationship to pre-existing Head Start, child care, and public school programs?	Councils may direct funding to each type of program to pay for slots, extend the day/year, enhance quality or provide comprehensive services. Local representatives of each constituency must sit on Councils and sign-off on plans. Local collaboration is a key objective.
How does the initiative impact other parts of the early care and education system?	Quality enhancement and comprehensive services can spillover to other classrooms in a program and other families in the community. School age care often not affected. State level operations are effectively separate from the state child care subsidy system. In some cases, interested local providers may be left out.
How is the initiative funded?	Initially CPC was funded with all state general funds. In FY00 a proportion counted toward state TANF MOE, and in FY01 about 45% of the total allocation is from the state's TANF block grant.

IV. Community Partnerships for Children: How They Work

A. Process for Selection of Communities

This initiative started with $6 million and grew to $104.2 million in funding over a short period of years, necessitating that ELS develop and continually adapt a competitive process for selecting community plans. Currently, communities access CPC dollars through a discretionary state to local grant process administered by ELS. Each year, once the state budget allocation for CPC has been determined, ELS issues a Request for Proposals (RFP) for both new and continuation/expansion grants. Existing programs are informed as to how much expansion funding they may apply to receive, and they must submit a revised application and plan describing how those funds could be used in order to receive a higher grant. Grant applications are scored and ranked by interagency teams for a total of as many as 80 reviewers, including but not limited to staff from ELS, OCCS, and the U.S. Administration for Children and Families, and parents of preschool age children. Recommendations are sent to the Board of Education for final approval.

- ✓ In order to establish a new local CPC, an interested community must:
- ✓ Form a CPC Council;
- ✓ Assess needs and resources in the community;
- ✓ Select a lead agency;
- ✓ Develop a proposal/community plan; and,
- ✓ Begin to report required monthly data.[34]

Council membership guidelines are clearly defined. Councils must have participation from the local school principal, the area child care resource and referral agency, Head Start, three providers of early care and education, a representative of private providers of early care and education, a representative of early intervention, and two parents of young children. If the community addressed in the proposal also has one of the state's organized family child care systems, a Massachusetts Family Network grant, or a Parent-Child Home Program grant, then the Council must have a representative from those groups as well. In addition, Council requirements for the FY2000 grant cycle mandate representation meeting two of the following four categories: a member of the medical community, a member of the business community, a member of the religious community, or a representative of senior citizens in the community. Finally, Councils are encouraged to include an additional representative of each of the following: parents of

children with disabilities, an assistant superintendent and/or public school special education director, a children's librarian, a member of higher education, a kindergarten teacher, a social service agency, and a city or town official.[35]

Once a Council has been established, it must conduct a needs assessment in the community to be addressed. The definition of community may include more than one city or town, but only one proposal may be submitted per locality. ELS has develop a standardized assessment process, called Community Profiles, which is being phased in across all CPC communities. An assessment must include:

- ✔ What is known about the early care and education needs of families in the community; and,
- ✔ What is known about the needs of early care and education providers and the capacity in the community to provide high quality early care and education programs in the community (considering supply, demand, physical space, training and other information).[36]

The Community Profiles project will be fielded in each community every three years. While the local CPC must collect the data, ELS will enter and analyze the information.[37]

A new Council is also responsible for selecting a lead fiscal agency for the project. A lead agency may be a public school, a Head Start agency, or private center-based child care provider. The lead agency is responsible for financial planning and oversight, including management of subcontractors.

Next, the Council and lead agency must develop a proposal. According to the FY2000 Request for Proposals, applications must include:

A. An overview of community's vision/mission for early care and education in their locality;

B. Information from a community needs assessment;

C. An implementation plan, including:

- ✔ Plans to meet the five objectives, specifically addressing the planned activities, participating programs responsible for activities, number of children to be served, and how to manage the prioritization of children on the OCCS waiting list;
- ✔ A proposed time-line;
- ✔ An outline of the role, makeup, and responsibilities of the Council both in implementing CPC and in relating to other local early childhood initiatives; and,
- ✔ Details on how the project will be managed, including intake, eligibility determination, subcontracts, copayments, reimbursement rates, etc.;

D. An evaluation plan that addresses each of the five objectives; and

E. A sign-off sheet bearing the signatures of each of the required Council members.[38]

Applications must also include an attached proposed budget and certain information, such as the accreditation status of the participating programs.

B. Characteristics of CPC Initiatives

Since CPC is a flexible funding source subject to community planning, and not a specific program, the details of how each community seeks to meet the five CPC objectives differ according to Council priorities and local needs. CPC's may create more slots for children in extended day programs attached to existing half-day preschool and Head Start classrooms, as well as through purchasing slots in full-day child care programs. They may set the rate at which they reimburse programs for these services above the OCCS rate. They may address local needs for comprehensive services, such as nutrition, social and health services, and family involvement, education and literacy. CPC dollars may also be used for renovations and improvements to participating programs if the community needs assessment supports the need for capacity development and other eligibility conditions are met. (There are limitations to using CCDF funds for such purposes.) Some allowable expenditures include: renovation of existing or new space; building new space; purchase of new building; land purchase; playground improvements; modifications necessary to comply with the American with Disabilities Act, code, and licensing; and other necessary modifications such as de-leading or addition of sinks.[39]

A technical assistance guide was first developed in 1995 and has been updated each year to reflect new issues and learning about best practices in operating CPC's, including: roles and responsibilities of lead agencies and Council members; how to involve family child care providers; how to subcontract; quality requirements for participating agencies; how to determine eligibility; and bookkeeping guidelines.

Despite the flexible nature of the initiative, there are some key guidelines that are applicable to all participating communities and shape the services provided:

- ✓ **Collaboration:** Through the strict requirements for representation on the policy-making and planning body of the Council and sign-off of the community proposal, ELS seeks to enforce the CPC philosophy of shared leadership. To that end, ELS staff also provide ongoing hands-on technical assistance to Councils and lead agencies. It is difficult to know for certain if CPC's are promoting a level playing field among the different types of programs involved across the state, but an evaluation conducted by Tufts University in 1996 found that surveyed CPC participants credited the initiative with an increase in collaborative behavior locally.[40] In terms of lead agencies, ELS data find that among the 168 Councils, 119 are led by the public school district, 36 are led by a Head Start agency (this number reflects involvement of 19 grantees, with some leading more than one CPC), and 13 by private child care providers.

- ✓ **Eligibility:** For the majority of funds, CPC's must give priority for educational services to three and four year old children who are in families with income up to 100% of SMI, which is $68,958 a year for a family of four in 2001. In state FY00, CPC Councils were allowed to extend eligibility up to 125% of SMI according to local need. Families on the state's income eligible child care subsidy waiting list, who must be working or in education/training, are prioritized for new slots. Working families are defined as two-parent families with both parents working full- or part-time, or single-parent families with the parent working full- or part-time. Program guidelines allow a child whose parent loses employment during the course of the preschool year to remain in

the program until the end of the year. According to ELS data for FY00, 61% of the CPC families had income under 50% of SMI, 24% between 50 and 75% of SMI, 10% between 75 and 100% of SMI, 3% between 101 and 125% of SMI, and 2% above 125% of SMI ("at risk" eligible).[41]

- ✔ **Copayments:** Since 1996, CPC programs have been required to collect copayment fees according to the OCCS sliding scale. In FY00, that translated into $10.99 million in parent fees.[42]

- ✔ **Basic Standards:** Participating programs must meet certain existing basic standards depending on provider type: child care providers must meet OCCS state licensing standards, Head Start agencies must meet OCCS state licensing and federal Head Start standards, and public school programs must meet DOE standards for public school programs. All programs must meet legally applicable standards.

- ✔ **Staffing:** Programs must meet legally applicable staff:child ratio standards according to the existing basic standards required per classroom setting. Participating child care centers observe a 1:10 ratio with a maximum group size of 20 children. Head Start settings use a 1:9 ratio, with maximum group size of 18 children. Public school classrooms allow a 2:15 ratio, with maximum group size of 15. Family child care providers use a 1:6 ratio with maximum group size of 6 children.[43]

- ✔ **Accreditation:** In order to serve children subsidized by CPC, a center-based program must be accredited by the National Association for the Education of Young Children (NAEYC) or must agree to work toward achieving accreditation within three years. Family child care providers must be or agree to become accredited by the National Association of Family Child Care (NAFCC) or to achieve Child Development Associate (CDA) certification or have at least an Associate's degree in early childhood education. In order to support accreditation, a local council may use CPC resources to provide staff development and training, purchase materials for programs to become more developmentally, culturally, and linguistically appropriate, and to provide more opportunities for family involvement and support.[44] In a February 1998 report to the state legislature, ELS found that 323 of the 963 center-based programs participating in CPC were accredited, and 494 were in the self-study phase of the process.[45] According to NAEYC, the total number of Massachusetts accredited center-based programs has expanded rapidly, with 724 accredited and 752 in the self-study process.[46] While it is unclear how many of these programs initiated the process due to CPC requirements, this is a striking increase, and Massachusetts has the largest number of NAEYC-accredited programs in the country. ELS has estimated that the impact of CPC's accreditation activities accrues to many children not directly funded by the program - around 76,000 children across the state by FY00.[47]

It is difficult to paint a statewide picture of how local Councils are putting together plans to creatively link services to provide full-day, full-year opportunities for children, and how they may be building a comprehensive early care system. However, some aggregated ELS data are available get a sense of local activities, and review of Council proposals reveals some details regarding local approaches.

How children are placed among child care, Head Start, and public preschool providers varies across communities. While one would assume that communities seek to maximize the good fit between provider and needs of children and families, no statewide policy or specific data are available to confirm this assumption. Some of the Councils have chosen to contract with the pre-existing Resource and Referral agency to manage the intake and education of families about their choices among participating CPC providers, while others have contracted directly with an assortment of local providers for certain numbers of slots and try to maximize parent choice.

Another key issue has been maintaining stability of subsidy for children who have participated in CPC-funded services. Many families were having difficulty accessing subsidized after school and summer child care for their children once they entered kindergarten, because they had removed their names from the state child care subsidy waiting list while receiving CPC-funded services during the preschool years. The budget language for CPC now mandates that ELS and OCCS collaborate with CPC lead agencies to ensure that children who are eligible for OCCS subsidy are prioritized for CPC dollars, and that those children retain priority status for OCCS subsidies once they age out of CPC services.[48]

Councils have developed a wide array of activities to meet the objective of providing comprehensive child and family support services. Aggregate data are available to describe how many CPC's had certain types of comprehensive services in FY99, and an estimated number of participants (see table).[49] These activities usually reach beyond the number of children counted in CPC educational services slots to all children in the CPC community.

CPC Activity	Number of Participants	Number of CPC's
Parent resource centers/libraries	21,375	153
Guidance materials	48,750	144
Parent/child activities	7,193	131
Book lending library	42,615	126
Adult education	10,539	116
Parent/child literacy activities	18,460	114
Family literacy seminars or workshops	5,332	101
Parent support groups	4,539	95
Home visits	4,355	88
Play groups	4,018	66

Other examples of comprehensive services data may be found in the monthly statewide reporting data ELS collects. From November 1999 data, this is an estimate of the numbers of children provided with a variety of comprehensive services in that month:[50]

CPC Comprehensive Services	Number of Children Served
Information and referral	12,518
Literacy development	12,014
Family support/education	7,464
Nutrition	2,959
Mental health	2,434
Transportation	2,480
Social services	2,104
Home visits	1,366
Health/dental screenings	1,323

C. Evaluations and Data Collection

CPC evaluation and data collection efforts have been implemented and adapted as the initiative has grown. In the early stages of the project, a process evaluation regarding Council functioning was conducted. More recently, ELS has commissioned an intensive study of the cost and quality of early care and education programs in the state, cutting across program types and funding sources. Several data collection initiatives strive to describe CPC activities and the state of early education in Massachusetts, including: audits of the fiscal and program health of CPC efforts; a study of accreditation among CPCs; an ongoing series of reports in which state data on all early education efforts are presented in order to influence policymaking in the state; and standardized data collection across CPC communities.

Process Evaluation - The first evaluation of CPC was conducted in 1996 by Tufts University. It was focused on Phase II of the initiative after the conversion of the program in 1993, but before the program was expanded in 1996, and was intended to inform legislators considering further investments in the program. Tufts designed the study according to a "continuous improvement" or "quality enhancement" methodology, meaning that key players in the implementation of CPC were involved in assessing the progress and outcomes at that point. Each CPC Council designated a "Q-Team" representative of the collaborative to answer the Tufts survey. The researchers found that respondents believed : CPC had increased local collaboration, affordability, availability, quality and comprehensiveness of early care and

education in their communities. Respondents credited the CPC collaboratives with leveraging additional community resources for early childhood education. The study suggested that communities contributed 45 cents for every state CPC dollar, including in-kind donations and more efficient sharing of resources across partner agencies. However, respondents also identified "turf issues," limited resources, and time constraints as challenges to further necessary improvements.[51]

Cost and Quality of Early Education in Massachusetts - In this study, it is not the intent of ELS to evaluate CPC per se, but to better understand what it costs to provide a quality program in Massachusetts. The national Cost, Quality and Outcomes Study measured the cost and quality of the preschool care and education children received and then tracked their cognitive and social outcomes as they entered and continued through elementary school. A Massachusetts specific version of this study is being conducted using both state and federal research funding in partnership with Wellesley College, Abt Associates, and Rutgers University researchers. The main questions to be addressed by the study are:

- ✔ What is the quality of early care and education programs in Massachusetts?
- ✔ What are the real costs (as opposed to market rate prices) of early child care and education programs?
- ✔ How does quality relate to cost? How much more do high quality programs cost?
- ✔ Is there a relationship between funding source (government subsidy or parent fee) and quality? Are low income parents accessing higher quality care?

To answer these questions, the evaluators will first select a representative sample of center-based preschool programs in community based organizations (Year One - 2000), public school preschool programs and family child care programs (Year Two - 2001), and center-based infant/toddler programs provided in community based organizations (Year Three - 2002). Only full-day, full-year programs will be included in the child care sample, although part-day public school preschool will be included. Quality will be measured using the Early Child Environment Rating Scale (ECERS), the Infant Toddler Environment Rating Scale (ITERS), and an equivalent family child care tool (FDRCS). Trained observers will also examine teacher involvement, staff qualifications, structural features of programs. Costs will be assessed through interviews with providers and reviews of program budgets, including consideration of in kind donations and other resources which may reduce the published rate charged to the public. In the future, the Department of Education hopes to link the collected data to the public school system's database to track children's progress after they leave their early childhood environments and enter school.[52]

Auditing - Private auditing firms are contracted by ELS to implement fiscal and programmatic review of randomly selected CPC's on an annual basis. ELS uses the results of these reviews to structure the content of regional fiscal trainings held each year to inform CPC's about good fiscal management policies.

Accreditation - In 1998, ELS conducted a study of accreditation among CPC's for the state legislature. At that time, ELS found that 34% of participating center-based programs were accredited, and an additional 51% were in the self-study process leading to accreditation.[53]

Data Analysis to Inform Policy - In 1999, ELS staff gathered data on the supply of services under the state's early education system, including CPC, Head Start, and subsidized child care, and estimated potential demand for such services. The resulting document, *Setting a Course for Early Education and Care in Massachusetts*, was distributed to policymakers in order to aid decision-making in this area, and provide a picture of the full range of services available in the state. Staff are working to update this document for publication in 2001.

Community Profiles Project - Efforts to collect data through the CPC Councils have also been adapted and improved as the initiative has expanded and matured. Although CPC Councils were always required to collect local data through the needs assessment requirement, ELS has developed more systematic means of collection in recent years, including monthly reporting of certain statistics and the Community Profiles project. The Community Profiles project builds on the capacity of the local planning Councils by asking them to collect data on the quantity and quality of early childhood education in a systematic manner through out the state. Once collected, the data will be processed in a manner accessible to both the pre-existing systems in OCCS and DOE.

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APPENDIX C

HEAD START TARGETED EXPANSION INITIATIVES:

OHIO'S EXPERIENCE

by Rachel Schumacher, Mark Greenberg and Joan Lombardi

Center for Law and Social Policy
CLASP
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Introduction

At least 17 states are committing state funds to expand access to the Head Start program's targeted population of poor three and four year old children.[1] Such state initiatives recognize that current federal funding levels provide Head Start services to less than half of eligible children.[2] Most state initiatives follow federal Head Start eligibility requirements that at least 90% of children served be from families with incomes less than the federal poverty level (FPL). Often, states choose to prioritize this population due to specific concerns about school readiness for those children, coupled with a desire to target what policymakers may consider a limited resource pool to those children most in need. Ohio's commitment to reaching all poor three and four year old Head Start children is the most extensive example of these models, with an estimated 71% of eligible children served through a combination of Head Start programs and partnerships with other providers.[3]

Most of the general funds states are committing to Head Start expansions are earmarked to provide increased access to early learning and services intended to meet federal performance standards for Head Start. State initiatives differ in several ways:

- **Allowable Grantees:** Some states decide to direct funds only to previously approved federal Head Start grantees, while others allow state dollars to flow directly to other community-based agencies or school districts not already participating in the federal Head Start program.
- **Targeted Purposes vs. Enrollment Expansion:** Some states leverage state funds for certain purposes such as to enhance teacher salaries (e.g. Massachusetts) or to increase full-day, full-year services (as in Ohio), while others focus only on expanding access to Head Start services for more children.
- **Service Providers:** Head Start services may be provided by approved federal grantees and delegates only; by separately approved state grantees; or by subcontracted community-based child care providers.
- **Extent to which state Head Start initiatives result in joint policy, planning, and service delivery with other pieces of the state's early care and education system:** States may simply appropriate dollars to grantees, or they may use state dollars as a lever to build coordination among the segments of the early care and education system. Ohio's experience is unique in its focus on developing collaboration and partnership at the state level to coordinate policy and at the local level to provide services.

This chapter describes Ohio's experience in developing and implementing both significant expansion of the Head Start program and collaborative efforts between Head Start and other state early education institutions. What started as initial demonstration projects of state-funded Head Start and Public

Preschool programs has grown to $100.8 million in state funds for Head Start services and initiatives and $19.5 million for public preschool in state fiscal year 2001 (for comparison, the state will dedicate $76.5 million in state funds and $284.6 million in federal funds to the subsidized child care program in 2001).

The Head Start expansion was the first major early childhood initiative operating in Ohio, begun with a gubernatorial goal to offer all Ohio's Head Start eligible children the opportunity to participate in comprehensive early childhood education and services. In addition to using state funds so that 38% of children receiving Ohio Head Start services do so through use of state dollars,[4] the state has also developed collaborative models among Head Start, child care, and Public Preschool providers to meet family needs for full day, full year care. Recently, the state has allowed grantees to apply for waivers to extend eligibility for state-funded Head Start services to children in families with income above the federal limit, up to 125% of FPL. These efforts, as well as several other early education projects, were undertaken in collaboration with state and local early childhood administrations and organizations, such as: the federally-funded Head Start Collaboration Office; the state and local departments of education and job and family services; the state's Head Start Association; and the state's Family and Children First (FCF) initiative.[5]

The Ohio experience provides a useful example of the policy choices and implications involved in the targeted Head Start expansion model. This chapter includes:

- A brief description of the context of the state's early childhood system, including child care, public school, and other early childhood initiatives;
- Historical background on the creation and development of Ohio's initiative;
- Chart of key dimensions and choices in Ohio's policy; and,
- Details on how Ohio's Head Start expansion and partnerships initiatives work including state and federal administration, local administration in terms of expansion and partnership activities, and data and evaluation efforts.

All data were verified as of December 2000.

I. Ohio's Early Childhood Systems: Some Context

Before offering a detailed description of the Ohio experience, this section provides a brief background on the child care, Public Preschool, and other relevant early education policies to supply context for Ohio's expansion and collaboration initiatives.

A. Child Care

Responsibility for administering the state's portion of the federal Child Care and Development Fund (CCDF) and the state subsidized child care system lies with the Ohio Department of Job and Family Services (ODJFS), Bureau of Child Care Services. Ohio is a home rule state, with 88 counties. County departments of job and family services (CDJFS) are responsible for much of the local administration of the child care subsidy program, including eligibility determination, child care arrangement and placement, and provider payments.[6] For state FY2001, the total state budget for child care services under the Bureau is $361.1 million, including $76.5 million in state dollars. The state transferred 30% of its Temporary Assistance for Needy Families (TANF) block grant to CCDF in 2001 to accommodate growing demand for subsidies that year.[7]

Families seeking assistance to pay for child care services must meet certain criteria. Ohio child care subsidies serve qualifying families receiving Ohio Work First (OWF) cash assistance or transitioning from assistance, and other low income families or families with special needs children regardless of prior OWF status. OWF families and families in their first 12 months off of cash assistance are guaranteed subsidies, while other low income working families are not. Families receiving Transitional Child Care (TCC) must have family income less than 150% of FPL or 85% of State Median Income (SMI), whichever is lower. Families receiving Income Eligible Employment and Training child care benefits must have family income less than 185% of FPL or 85% of SMI, whichever is lower. For a family of three, 150% of FPL was $1,735/month in 1999, and 185% of FPL was $2,140/month.[8] Children up to and including age 12 are eligible for CCDF-funded subsidies. Children who have special needs, are under court supervision, or in protective services may receive child care subsidies through other funding sources.[9]

The state has expanded the number of children receiving subsidy in recent years, but still falls short of serving all potentially eligible children. In 2000, approximately 72,500 children received ODJFS subsidies in an average month, including 16,500 in families receiving cash assistance, 8,500 in families transitioning from welfare to work, and 47,000 in income eligible families.[10] About 564 children (365

receiving OWF, 169 receiving TCC, and 30 receiving non-guaranteed child care) receiving subsidy in an average month are also participating in Head Start-Child Care partnerships.[11] According to analysis of FY99 data released by the U.S. Department of Health and Human Services, about 10% of the children that would be eligible for CCDF funded subsidies if Ohio raised eligibility to the maximum allowable (85% of State Median Income) were served. This figure is less than the national average of 12%, but does not reflect children served through non-CCDF dollars such as in Ohio's state Head Start program.[12]

Ohio parents must navigate certain processes in order to secure and maintain child care subsidies. After parents submit an application, CDJFS have 30 days to process family applications for child care. According to ODJFS policy, families whose TCC benefits end after their twelve months or due to rising income should automatically continue to receive subsidy under the Income Eligible rules.[13] After receiving an initial certificate of eligibility or voucher, parents may choose a licensed child care center, school age program, Head Start or a home provider (relative or non-relative) or in-home aide/caregiver that is certified by the county department.[14] The state does not currently provide any child care subsidies through the purchase of slots directly from child care providers, preferring to rely on a voucher system. Parents may receive assistance in locating child care from their caseworker or may be referred to a statewide network of resource and referral agencies that have state contracts to assist families. Due to policy changes in 2000, caseworkers conduct redetermination of eligibility for child care subsidies every twelve months instead of the former policy of every six months, although parents are expected to report changes in job and income status to their caseworkers in the interim.[15] All parents are assessed a copayment based on family size, income and number of children in child care, with no family paying more than 10% of income as per state statute and rule.[16] Families are assessed the same copayment whether the child is in a part- or full-day arrangement.

Ohio reimburses child care providers commensurate with the 75th percentile of a market rate survey, most recently conducted by the Bureau of Child Care and the Legislative Budget Office in June 2000. New rates are to be implemented as of January 2001. CDJFS offices reserve the right, however, to negotiate lower rates with those child care providers serving more than 75% subsidized children, if agreeable to the provider. Providers caring for special needs children, providing care during non-traditional work hours, or providing care in a setting accredited by certain national organizations may receive rates up to 5% higher than the reimbursement ceiling, although the new rate may not be higher than the provider's customary charge to the public.[17] The Ohio General Assembly recently asked the state Legislative Budget Office (LBO) to investigate the feasibility of implementing a "cost-based prospective payment system," which would have provided funds to providers prior to the provision of the child care services. After conducting a survey of county ODJFS and child care providers, the LBO revealed that while providers were in favor of a prospective payment system, counties were mostly against such a system. As a result, LBO did not recommend moving forward with prospective payments due to concern about the difficulty of implementing such a system through the county offices.[18]

ODJFS is responsible for licensing and monitoring private child care centers and homes, and camp facilities. This includes child care centers and large ("Type A"- seven to twelve children or four or more children under age two) family child care homes.[19] Licenses are issued for two years, with two routine

compliance visits a year (at least one is unannounced) and a required inspection upon renewal. The 1999 ODJFS licensing budget was $4 million, up 14% from 1996. According to a 2000 report by the General Accounting Office, there are 9,809 child care facilities and 66 licensing FTEs in Ohio, with an approximate caseload of 149 facilities per FTE.[20] ODJFS does not license smaller family child care homes ("Type B" - six or fewer children), but CDJFS are responsible for certifying and monitoring those which care for subsidized children.[21] There are approximately 11,500 home care providers and Type B homes, which are also inspected twice a year (including at least one unannounced visit). The Department of Education is responsible for licensing all programs operated under Head Start Performance Standards, including Head Start grantees, public preschool, and child care providers.

Ohio is moving toward implementation of a tiered certification system by July 1, 2001. The system will be voluntary, but will provide financial incentives to child care centers serving subsidized children to meet or exceed standards in such areas as staff:child ratio, staff qualifications, in-service training, and staff compensation. The new system will also provide support to programs working toward meeting the voluntary goals, and will target those providers of services to subsidized children.[22]

ODJFS has several initiatives focused on increasing child care quality in the state. ODJFS has allocated the CCDF quality set-aside funds to each of the state's counties. Each county must submit a plan for use of the funds either directly or through subcontracts, including a description of activities to enhance infant-toddler care. ODJFS is also consulting with its statewide Child Care Advisory Council as to appropriate uses of some of the funds for some statewide initiatives. The eight key areas of focus are: special needs child care, networking within and among system stakeholders, health and safety, regulatory policy, evaluations, capital improvements and supplies, awareness, and compensation, benefits and incentives.[23] In the CCDF plan, the state indicated that quality set-aside funds will be used for "comprehensive consumer education, grants or loans to providers to assist in meeting State and local standards, monitoring of compliance with licensing and regulatory requirements, training and technical assistance, compensation for child care providers, and other quality activities that increase parental choice and improve quality and availability of care."[24]

B. Department of Education - Public Preschool Program

Ohio's funding for Public Preschool programs dates back as far as its investment in state Head Start programs. While increases in funding for public preschool have not matched those for Head Start, the legislature has remained committed to continuing these programs.

Public Preschool programs were first piloted in 1988 along with the state Head Start pilots as part of education reform. Administering authority lies within the Office of Early Childhood Education (OECE) in the Ohio Department of Education, the same agency that administers state Head Start funds. In state FY90, state funding for public preschool was $5.4 million. By 1999, the appropriation had risen modestly, to $17.9 million.[25] In state FY99, 114 public school districts in 55 out of Ohio's 88 counties were awarded funding for preschool programs through a continuation grant program. The local school district may opt to provide the educational program and comprehensive services on its own or through

subcontracts with local Head Start agencies, chartered non-public schools, and licensed child care providers.[26] At this juncture, 22 of the districts are working with Head Start programs and six are contracting with CDJFS to partner with the subsidized child care system.[27]

Public Preschool is limited to three and four year olds, and state funding is limited to children under 185% of the FPL. Families above 100% of the FPL may be required to pay a fee to enroll their children in public preschool in Ohio, with a sliding fee scale similar to that used by ODJFS for the child care subsidy system. Children above 185% of the FPL may participate on a private pay basis, once a school district has enrolled the number of low income children projected in its grant.[28]

According to state FY99 data, 37% of Public Preschool children were from families with income up to 100% of the FPL; 39% were from families between 101% and 185 % of the FPL; and 24% were from families at 186% and above the FPL. This represents a decline in the percentage of children under the poverty level, and may be related to the coinciding expansion of Head Start services in the state. In that same year, the total number of children served was 7,694.[29] The cost per child to the state for public preschool is $2,937 in state FY00.[30] This is less than for the state Head Start program, which may be related in part to the reduced costs that school-site facilities have for overhead, transportation, staff benefits, and rent compared to private providers.

School readiness and social competence are the basic program goals established for Ohio's Public Preschool programs.[31] According to state law and grant terms, they must follow Head Start Performance Standards and provide comprehensive programming for, at minimum, three hours per day. Most Preschools work to meet Head Start standards for comprehensive services by providing linkages to community resources. Such services are to include education, health, social services, parent involvement, and disability services. The programs are mostly half-day programs that follow the school year calendar, although some districts have developed collaborative efforts to extend the hours and months of services. The enabling legislation allows school districts to use school district vehicles to provide transportation, and some choose to do so under the kindergarten schedule.

All Public Preschools must be visited for licensing and monitoring purposes on an annual basis, by state law. OECE conducted announced and unannounced visits to verify compliance with health and safety regulations for all 114 preschool sites in state FY99. In addition, OECE visited every school district with a preschool grant to assure compliance with other program measures, including: enrollment and eligibility requirements, use of a sliding fee scale for families above 101% of the FPL, documentation of at least two home visits per child, and required components of health screenings and family and child assessments.[32]

Up to 1% of the Public Preschool budget may be set-aside for management assistance activities, which may include: improving agency management capacity; assisting programs to comply with Head Start Performance Standards; helping school districts develop collaborative practices and integrated, developmentally appropriate services; funding conflict management services provided by the Ohio Commission on Dispute Resolution and Conflict Management; and providing staff professional development.[33]

C. Other Relevant Early Education Initiatives

Ohio has several early education initiatives focused on children from birth to age three. Grantees received $7.2 million in federal funds for Early Head Start in FFY 2000, and enrolled 836 children in fifteen different programs.[34] In addition, Ohio has been dedicating increased funding levels to Early Start, a comprehensive home visiting program for families with high risk infants and toddlers, with $6.3 million in general funds and $28 million in TANF funds in state FY00.[35] Ohio Early Start is administered through the Ohio Department of Health and ODJFS. As funding for Early Start has increased, ODJFS has worked to encourage CDJFS to take full advantage of the funds and to reach out to at risk families, and FCF has been urging local Councils to participate in that effort.[36]

The OECE administers several programs in addition to Head Start and Public Preschool, including Even Start (a family literacy program), Parents as Teachers (a program aimed at improving parenting skills related to child-learning), Preschool Special Education, and Enriched Learning Opportunities for school age children. OECE has launched an Early Childhood Accreditation Project which is working to assist over 600 child care, Head Start, and Public Preschool classrooms become accredited with the National Association for the Education of Young Children.[37]

State officials are also collaborating on three separate projects looking toward the future of the Ohio early care and education system. One project is examining options for financing a system of early care and education with assistance from Richard Brandon at the University of Washington, Human Services Policy Center and Sharon Lynn Kagan at the Yale Bush Center in Child Development and Social Policy. The state's Child Care Resource and Referral Network is also working on financing issues with the assistance of Louise Stoney, an expert on financing alternatives for early education. Ohio receives technical assistance as one of five states to participate in the National Governors' Association's (NGA) Center for Best Practices' effort entitled: "Building Public and Political Will for Early Childhood Education." Although the projects are separate, they are coordinated and inform one another through the NGA team and work plan.

II. Historical Background on the Development of Head Start Expansion and Partnerships Initaitive

Ohio's appropriation of state dollars to provide Head Start services dates back to pilots conducted as part of education reform during state FY88, but the groundwork for moving Head Start expansion onto the political agenda and developing a collaborative policy approach began years earlier. For example, increased interest in early childhood issues on the part of the state Board of Education led to the creation of a Commission on Early Childhood in 1984; an Ohio affiliate office of the Children's Defense Fund (an advocacy organization focused on child and family policy) was established in 1982; and in 1986, Ohio Head Start Association, Inc. was incorporated. The Commission on Early Childhood recommended increased planning across state agencies on early childhood issues. The other entities were central to developing a campaign calling for state funds to expand access to Head Start for eligible children.

In 1987, funds were allocated to the Department of Education's early childhood section to distribute grants to Head Start agencies for demonstration purposes. In 1988, legislation passed requiring the Board of Education to develop rules to govern the funding of state Head Start and Public Preschools. These programs were to be located within the Early Childhood Education section of the Department of Education, along with the pre-existing early childhood special education staff. This legislation set the precedent in Ohio for state funding for Head Start, while at the same time co-locating the administration of two key segments of the growing early childhood system.[38]

In 1990, many important administrative and legislative initiatives occurred. The Office of Governor Celeste and the Ohio Head Start Association jointly applied for and received a grant from the Administration for Children and Families, Head Start Bureau to create a Head Start State Collaboration Project.[39] Ohio was one of twelve states to receive funding for this project, whose goals were to create a visible Head Start presence at the state level and to develop strategies to integrate local Head Start programs with other local and state education, health, and human service programs. The Collaboration Project has enjoyed the support of multiple administrations and both political parties in Ohio. Implementation of the Project started under Governor Voinovich in 1991, and has continued under current Governor Taft. The Collaboration Project Director in Ohio was originally placed in the Governor's Office, with implementation to be jointly shared with the Ohio Head Start Association. Over the next few years, the Collaboration Office took leadership in organizing several conferences and training sessions to facilitate partnerships and develop a more unified early childhood agenda in Ohio. Also in 1990, the General Assembly approved its first large state investment in Head Start and Public

Preschool, appropriating a total of $19.2 million for the biennium budget. Finally, the state Board of Education authorized the Division of Early Childhood Education (today's OECE) to administer these and pre-existing early education programs in the Department of Education.[40] Despite the separate creation and line-items of state Head Start and Public Preschool , the joint administration of the two programs allowed opportunities for interaction and streamlining.

In 1992, Governor George Voinovich established the Family and Children First (FCF) Initiative through an Executive Order. The goal was to improve the delivery systems of education, health and social services for families and children. The Order created both a Cabinet level policy council and individual county level councils. Under Voinovich, the Cabinet Council had representation from eight departments, staffed by loaned executives from each department. This "Action Team" made early childhood issues one of its four areas of concentration. In 1993, the Governor created a Head Start Task Force including administration staff, legislators, corporate and foundation leaders, Head Start directors and parents to discuss Head Start expansion issues.[41] The work of this Task Force later influenced the development of an Early Childhood Coordination Committee (ECCC) within the FCF structure. The ECCC was chaired by the Head Start Collaboration Director with participation by the Director of the Division of Early Childhood Education. Six subcommittees (family literacy, facilities approval and coordination, technology, birth to age three, partnerships, and professional development) informed the Team regarding policies for families and children.[42] The number of county level Councils grew from 13 in the first year to all 88 counties. Each one develops their own specific agendas, but in some areas Councils have played strategic roles in encouraging collaboration across early care and education systems, and the FCF initiative set a collaborative tone at the state and local levels. Under Governor Taft, the FCF vision is to enable every child to be safe, healthy, and successful in school. FCF is facilitating a new Community Partnership initiative to use the local Councils to engage local leaders in community planning processes to increase efficient use of existing resources, as well as working to address Governor Taft's priority interest in promoting literacy.[43]

State early childhood leaders also come together more informally as part of a group called the Head Start Budget Coalition. Representatives of the state early childhood agencies, the state Office of Management and Budget, the Children's Defense Fund of Ohio, the Head Start Association, Community Action Agencies and the Head Start grantees meet regularly to plan and strategize for the state's biennium budget process. In the process, the group tries to head off issues of competition and turf among the systems.[44]

With the above structures in place, state and local early childhood leaders continued to work across systems to foster joint projects and advocate for increased funding on state Head Start initiatives. State officials and organizations have worked together to develop training and conferences regarding cross system collaboration, to seek grant-making opportunities to fund technical assistance and the development of materials, and to develop policy agendas.[45]

Over time, Ohio's goal to reach all Head Start eligible children led to a policy shift: bring Head Start services to children where they were currently served, not assume children had to be moved to Head Start facilities. That meant recognizing that many thousands of Head Start eligible children were already

in full-day, full-year child care programs and subsidized by the child care subsidy system. At the same time, many low income parents were either working or would soon need to work due to changes in welfare law. Ohio's traditional reliance on double-session half-day Head Start needed to be reassessed. In 1995, state officials invited the Associate Commissioners of the Head Start Bureau and the Child Care Bureau to discuss methods of blending funding streams and designing program options.[46]

Discussion and brainstorming among the groups led to the development of new potential models of collaboration between Head Start and child care. In 1996-97, a consortium of state agencies and organizations, including the Ohio Head Start Collaboration Office, the Ohio FCF, the OECE, the Ohio Head Start Association, and the Bureau of Child Care, developed an initiative to promote full-day, full-year services.[47] In the original initiative, blended funds from the state Head Start line-item ($3 million) and the federal Child Care and Development Block Grant ($3 million) were provided to 25 existing grantees to develop "partnerships" to deliver full-day, full-year Head Start. Grantees were to maintain Head Start Performance Standards. Children had to be eligible under Head Start guidelines, but grantees were encouraged to give priority to families who were working or enrolled in job training. In exchange for additional state funds, the grantees were to serve more children with extended hours and days through partnerships with another local early childhood provider or the CDJFS.[48]

Implementation could take the form of several suggested models. At first, collaborations were developed and negotiated at the local level between Head Start grantees and interested child care programs with the assistance of CDJFS. Now, the extra start-up funding is no longer available, and contracts may be negotiated without the assistance of counties. According to survey data released by the Head Start Collaboration Office, there are 8,442 children receiving services under this state initiative, in addition to 5,037 children receiving full-day services through federal Head Start dollars. Together this represents around 22% of the state Head Start population, with 84% of Head Start grantees involved in offering some sort of partnership full-day, full-year opportunity.[49]

III. Key Dimensions and Choices in Ohio's Head Start Expansion and Partnerships Initiative

Key Dimension/Choice	Ohio Policy
Which specific age group is included?	Three and four year old children.
Intent to reach all or some of this group?	Head Start model limited to Head Start eligible children and families up to the FPL; grantees may apply to serve up to 125% of FPL.
What is the balance between goals of school readiness for children and work supports for parents?	Focus on expanding access to opportunities to improve school readiness, with a strategic effort to increase participation by expanding full day, full year capacity among some grantees.
Principal focus on educational competence and/or comprehensive services?	Both goals are addressed.
How is educational competence enhanced?	Intended to meet Head Start Performance Standards; child care teachers involved in partnerships participate in professional development through Head Start.
What are the state and local roles?	State guides policy and facilitates collaboration, but local grantees have much latitude in designing partnership parameters.
Relationship to pre-existing Head Start, child care, and public school programs?	Services delivered in Head Start sites, child care centers and family child care homes.
Relationship of the initiative to other parts of the early education system?	State dollars flowing to child care centers and family child care homes to enhance quality expected to have spillover effects for non-Head Start funded children.
How is the initiative funded?	Services provided through state appropriations; some joint system enhancements efforts funded through private grants.

IV. The Ohio Head Start Expansion and Partnerships Initiatives: How They Work

A. Administration - Federal and State

The U.S. Department of Health and Human Services, Region V, administers the federal funds flowing directly to local Head Start grantees in Ohio. Federal funding was $178.3 million in federal FY99.[50] State funds are administered by OECE within the Ohio Department of Education, the same agency that administers the state's smaller Public Preschool program (see above). Ohio appropriated $92.6 million for the state Head Start line-item in state FY99, $97 million in FY00, and $100.8 million in FY01.[51]

As described in the historical background section, there is a significant amount of state level collaboration in the administration of Ohio Head Start. Key state officials in the OECE, the FCF office, the Head Start Collaboration Office (which is housed in FCF), the Ohio Child Care Bureau, and representatives from the Ohio Head Start Association work jointly on projects to discuss and develop policy initiatives. There is a Head Start/Child Care Technical Assistance Workgroup staffed out of the Head Start Collaboration Office, that includes representation from many key stakeholders, state and federal officials. State officials are also in communication with the ACF Region V office, as well as drawing upon the resources of the QUILT (Quality In Linking Together) technical assistance program, an initiative of the Child Care and Head Start Bureaus in the U.S. Department of Health and Human Services to facilitate collaboration between child care and Head Start programs at the local level. A QUILT representative participates in the Workgroup as well.

State and federal officials also work jointly to administer the monitoring piece of the state Head Start expansion initiative. OECE collaborates with the ACF Region V office in monitoring programs to assure that programs meet Head Start Performance Standards, with a comprehensive review to assure compliance, a follow up review to monitor implementation of improvements based on the first visit, and a third data verification visit focused on fiscal and enrollment requirements.[52] The state office works in tandem with the federal staff in determining whether programs have deficiencies and whether to terminate grants due to insufficient ability to correct deficiencies. One program was terminated in state FY99.[53]

The Ohio OECE has been responsible for state licensing and monitoring of all Head Start agencies and programs operated with state Head Start dollars since 1998 (the ODJFS was previously responsible for this function). In state FY99, 674 Head Start centers were visited at least two times, for one

announced and one unannounced visit to monitor compliance with health and safety regulations.[54] Beginning in state FY00, OECE implemented new procedures to systematize data collection across program areas for both state-funded Head Start and the state public preschool program.[55] This initiative standardized data collection across programs in order to accurately compare progress toward key indicators within and among program types, e.g. staff and child turnover rates, attendance, and staff qualifications.[56]

Both federal and state dollars are used for enhancing quality of Head Start services. Funding for quality enhancement differs somewhat according to federal or state sources, with the state funding stream not requiring the federal stipulation of a set aside for quality enhancement. However, up to 2% of the line item appropriations for Ohio Head Start is designated to support administration, management assistance and initiatives for the purpose of promoting quality (up to 1% of the state's funding for public preschool is also set-aside for these purposes; both streams are managed by OECE). The purpose of these funds is to help grantees identify expansion needs and develop expansion plans, recruit and train staff, improve management capacity, help programs comply with Performance Standards, and assist Head Start agencies in developing collaborative practices and building integrated and developmentally appropriate services. OECE uses some management assistance funds to expand the scope and intensity of the work of the Region V Head Start Quality Improvement Center which serves Ohio, Illinois and Indiana. The supplemental funds provide additional full-time staff to provide technical assistance to state and federal Head Start grantees on such issues as recruitment and retention of children, technology support, and improving program quality to comply with Head Start Performance Standards.[57] Some of the 2% in funding has been used to award $10,000 grants to Special Education Regional Resource Centers to provide the necessary training and technical assistance required to implement local agreements around special needs children.[58] Also, some of the set-aside has been directed to Ohio's Community Finance Fund for child care facility development planning.

B. Local Activities - Expansion

According to the Head Start Program Information Report (PIR) data for 1998-1999, there are 52 federal grantees in Ohio and six Early Head Start grantees.[59] All but one of the federal grantees in the state currently receive state Head Start expansion dollars, but non-federal grantees were allowed to apply when the program was expanding. There are 54 state Head Start grantees, of which two are not federal Head Start grantees or delegates.[60] Most grantees are Community Action Agencies. All federal and state funds go directly to grantees on an annual basis through a continuation grant process. Grantees must apply for expansion funds based on the priorities set at the federal and state level. For example, state funding in state FY98 was prioritized for those programs interested in providing full day/full year Head Start services to OWF families. No further state expansion applications are being accepted at this time.

Ohio has used its' state dollars to increase the flexibility for income eligibility in intake. Federal Head Start grantees follow federal income eligibility guidelines: children must be from families under the FPL, although up to 10% of enrolled children may be from families with income above that limit. In the Ohio 2000-2001 biennium budget, Head Start state-funding grantees were given the opportunity to

apply on an annual basis for a waiver in order to serve children and families with income up to 125% of FPL.[61] In state FY00, eight grantees applied and five were approved to serve these higher income families.[62] Ohio is the first state in the country to move toward higher income guidelines for Head Start families.

Ohio's average cost per Head Start child has tended to be much lower than the national average, for slots funded by federal dollars and those funded with state dollars. The average cost per Head Start child nationally was $5,464 in federal FY99. Ohio ranked 49th out of 56 states and territories in average federal cost per child in FFY99, according to the Ohio Head Start Association, and 53rd out of 56 when state and federal average costs are combined.[63] The relatively low rankings come despite increases in what the state spends per child in recent years; the average cost per child for state funded slots in 1998 was $3,802, while in 2001 it was $4,403.[64] It is also true that while the national average cost per child figures take into account the significant set-aside of federal Head Start funds for quality improvements, the state funds do not mirror the federal in those set-aside requirements.

Although there are differences in the average cost per Head Start child between federal and state funded slots, state grantees must provide the same type of comprehensive services required of federal grantees, including education, health, social services, parent involvement, and disability services.[65] In order to receive state Head Start expansion dollars, grantees must sign an Assurance that federal standards will be met, and that no other federal or state funds will be supplanted with the grant award.[66] It is possible that some Head Start state grantees, many of whom are also federal grantees, are only able to meet the federal Performance Standards for state funded children because they also have federally funded children, and that federal dollars are in part supplementing their ability to do so.

Ohio has greatly expanded the total number of children and families served in Ohio through use of state funds. According to an annual OECE report to the state legislature, during the state FY99, federal funds served 35,286 children, while state funds served an additional 22,072 children.[67] Grantees may not count the same child for the purposes of both federal and state funds. In a Task Force report released in the Spring of 2000, an ODJFS' unduplicated count of children at or below the poverty line was used to estimate the percentage of poor children reached by state early education initiative funds. According to that report, federal and state Head Start serve 71% of the eligible population, while all publicly funded early childhood programs serve 77%.[68]

According to the ACF FY98-99 Performance Information Report (PIR), of the children served from all sources in Head Start programs, 50% were white, 46% were African-American, and only 3% were Hispanic. The majority (53%) of the children served were four years old, while 39% were three years old. Around a third of Head Start families were receiving benefits under TANF (37%) and more than half of the families were working full time, part time or seasonally (63%). (Previous year PIR data reported a much higher percentage of families receiving TANF—around half.[69]) The ACF data show 59% of Head Start families were headed by single parents.[70]

C. Local Activities - Head Start/Child Care Partnerships

The first applicants for Partnership funding were recruited based on previously demonstrated ability to meet Head Start Performance Standards, and on agencies' relationships with their CDJFS.[71] No further applications are being solicited at this point. Local grantees have much latitude in developing their Head Start/Child Care Partnership activities, including selection of partnership agencies. Some technical assistance is provided by OECE, the Child Care Bureau at ODJFS, the Collaboration Office, the Head Start/Child Care Technical Assistance Workgroup and the Ohio Head Start Association. Head Start/Child Care Partnerships (or partnerships between Public Preschools and community organizations) may be formed in a number of ways, including several models described in a technical assistance document produced and distributed by state leaders as part of the early recruitment process in 1995.[72] However, there are two main Partnership formations that are being used by the 24 state grantees at this point in Ohio:

- **Enhanced Services (multiple agencies/providers, multiple funding sources):** This model may take two forms: one in which the Head Start grantee contracts with a child care center to provide services and one in which the grantee contracts with multiple family child care providers. The child is enrolled in the child care center or family child care home and Head Start simultaneously. Parents pay a copayment based on the state's established sliding fee scale for child care. The expected result is that the child receives comprehensive Head Start education and services full-day, full-year, based on family needs and parent work and education schedules. Head Start state funds supplement the child care subsidy dollars programs receive so that they may provide comprehensive services and a program that meets Head Start Performance Standards. In many cases, the child care provider also receives technical assistance, supplies, full access to Head Start professional development opportunities, and other assistance in meeting Head Start Performance Standards. However, the child care provider must negotiate this with the grantee and contracts vary across the state.

- **Self-contained (one agency, multiple funders):** Full-day services are provided at the Head Start site, with partial funding from state Head Start dollars and partial funding with child care subsidy system dollars. Head Start Performance Standards would typically be required for the Head Start portion of the day only. Parents pay a sliding fee calculated according to the state's rules.

Grantees that partner with child care providers have been learning about and developing responses to a host of issues. One key technical issue is that the rate of reimbursement child care providers receive from the subsidized child care system is less than that of the typical Head Start grant amount per child. Also, up until recently, some CDJFS were counting the 3.5 hours of a typical half-day of Head Start against the partnering child care providers, and adjusting the state reimbursement amount accordingly. These policies make it difficult for child care providers to meet Head Start Performance Standards in relation to the educational portion of their services. For example, the staff:child ratio required of programs receiving Head Start differs from that of state general licensing standards. Without access to funds above and beyond the state child care subsidy reimbursement rates, child care partners may struggle to meet the quality standards of the Head Start program. State officials are encouraging CDJFS

to stop this practice through a state rule.[73] Through technical assistance and conference training events, officials are also educating Head Start grantees as to the funding constraints faced by child care partners. Therefore, partnerships are requiring consideration of how much of a grantee's Head Start state funds ought to be provided to the child care partner in order to ensure that Performance Standards are met and that children are truly receiving Head Start services.

Other key issues arise when Head Start/Child Care partnerships must address historic differences between the two systems, including differences in required staff:child ratio, parental involvement, access to professional development and training, and programming approaches. Child care staff often are not familiar with Head Start Performance Standards. Therefore, many state Head Start grantees are spending funds to hire mentors or specialists to assist centers and family child care providers. Still, many child care providers have stated a need for the contracts they negotiate with grantees to include funds to enhance the actual educational component of the day (e.g. enable them to pay higher salaried to attract better staff), not just the other services. Finally, another key question is whether all of the Head Start Performance Standards must be met by the individual child care provider, including such provisions as required parent participation in agency governance.

Data gathered by the Head Start Collaboration Office and the Head Start/Child Care Workgroup indicate that in total 46 state and federal Head Start grantees receive funding to implement full-day, full-year programming (full day is defined as six hours or more). The grantees work with 380 child care centers and 200 family child care homes. An additional 117 Head Start grantees reported providing full-day full-year services without working with another provider agency; although many work with CDJFS to use subsidized child care system funding to finance such services. State funded providers were projected to provide full-day, full-year services to 8,442 children in Fall of 1999, while federal funds were projected to serve an additional 5,037 children. Approximately 69% of the children received these services in child care center or family child care home through partnership agreements. The total number of children receiving full day services, 13,479, represents 22% of Ohio's Head Start enrollment.[74] The majority of Ohio Head Start programs continue to be part day, however, with 53% of the children enrolled in programs running double sessions according to PIR 1998-1999 data.[75]

D. Evaluations and Data Collection

Ohio has maintained a commitment to monitoring the progress of the above described initiatives, both through process and outcomes evaluations. Ohio OECE, the Head Start Collaboration Office, and Head Start Association have commissioned a series of process analyses in regard to the Head Start/Child Care Collaboration Initiative. The OECE has also begun an outcomes oriented research project that cuts across Head Start, Public Preschool , and the Partnerships.

The most recent Partnerships process description was released in June 2000. The report findings are based on information gathered at the "Head Start/Child care Leadership Forum" held in December 1999. The Forum was expressly planned by all the key state stakeholders to bring together the grantees and their center and family child care and CDJFS partners to discuss Partnership issues. The participants identified successes, challenges, strategies, recommendations, and stakeholder differences as follows:[76]

- **Areas of Success:** Participants agreed that more low income families were now receiving comprehensive, full-day/year services, that the level of comprehensiveness and quality of care in child care had improved, and that partners were communicating and sharing information about local service delivery issues as a results of Partnerships.

- **Challenges:** Participants also agreed that the different guidelines, standards, requirements and history of the partnering agencies required energy and work when first implementing Partnerships, but that through ongoing commitment to communication and building trust Partnerships could solidify. Another key challenge is that when parents go to work, families often become ineligible for services as their incomes rise above accepted Head Start eligibility levels.

- **Strategies:** Participants identified numerous approaches to the challenges they faced, including assigning a Head Start Mentor to assist child care partners in learning Performance Standards, increasing hourly pay rates to child care teachers involved in Partnerships in order to retain staff, and altering Head Start professional development training schedules to accommodate the full-day work schedules of partnering child care staff.[77]

- **Recommendations to Funders, Training and Technical Assistancer Providers, and Partners:** Participants believed funders should invest more in Partnerships, but ensure flexibility in financial and reporting requirements. They were particularly concerned that the amount of funds available per child was not sufficient. Some also requested more consistency among CDJFS offices in interpreting child care subsidy reimbursement rules and in assuring timely payments. Partnering agencies also wanted more opportunities like the Forum to share ideas and strategies with other grantees and partners, and urged recognition that Partnerships are most fruitful when approached as an ongoing process with gradual stages of development.

- **Stakeholder Differences:** Participants representing the Head Start grantees were primarily concerned with the difficulty in increasing child care and CDJFS partners' understanding and commitment to Head Start Performance Standards. Those representing child care centers were divided, with some finding the Partnerships rewarding and others describing them as challenging on an ongoing basis (particularly in relationship to the current level of payment rate and meeting Head Start Performance Standards). Family child care providers were also concerned with payment issues, as well as the additional burden of paperwork they felt as a partner with Head Start. These providers also identified a need for more training on how to improve curriculum for infants and toddlers who were in their care along with state funded Head Start children. CDJFS staff voiced a need for improved clarity and direction from ODJFS on certain relevant regulations, and a need for more monitoring of the quality of Head Start services provided through Partnerships.

The authors of the June report concluded with series of issues for state policymakers involved in administering the Partnerships to consider, including: a need to explore the partners' perceptions that they have inadequate resources to meet project expectations; methods of strengthening the technical assistance component, e.g. directly linking Partnerships with a specific advisor; and improving monitoring and accountability systems. In addition, the authors suggest that state officials consider

whether more Partnerships ought to be created (less than half of Ohio's Head Start grantees participate now), and whether an expansion of supply of quality infant and toddler services could be developed through Partnership relationships between those participating grantees that are also Early Head Start grantees. The findings of the June 2000 report mostly reinforce the recommendations of previous years' studies by the same authors. One additional recommendation of the 1999 report is that state and local agencies work toward increasing the comparability and capacity of their databases on need and eligibility in order to increase their ability to inform policy planning.

Ohio is also working across multiple programs in the development of outcomes measures for early education programs. A political concern about accountability of the growing amount of public dollars targeted for the state Head Start, Public Preschool , and Preschool Special Education initiatives led the state legislature to pass a provision in 1998 that all programs collect child progress data using a common assessment instrument. The bill required that the Ohio Department of Education develop a set of key indicators of early education performance to be tracked over time. The Indicators of Success project uses specially developed assessment tools to help early education teachers log observational data in every classroom receiving state dollars for these early education programs. All Head Start programs must have access to a selected computer program software for this purpose by July, 2001.[78] Child care classrooms and family child care homes that do not receive the state initiative dollars are not included, however, those which are engaged in partnerships with Head Start or Public Preschool are participating on a limited basis at this time. Researchers are able to analyze the data by school, class, program type, or demographic variables. Teachers may access the data in order to track children's progress, and adjust their strategies accordingly.[79] Data are not yet publicly available.

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